DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
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Emergency Employment of Army and Other Resources

U.S. ARMY MEDICAL COMMAND MAJOR SUBORDINATE COMMAND (MSC) COMMANDERS' HANDBOOK

Supplementation of this regulation and establishment of forms other than MEDCOM forms are prohibited without prior approval from Headquarters, U.S. Army Medical Command, ATTN: MCOP-P.

TABLE OF CONTENTS

*This regulation supersedes HSC Mobilization Planning System, Volume II, Part 6, 21 April 1992.

CHAPTER 1
INTRODUCTION

1-1. HISTORY. This is the first printing of this publication. It incorporates the information in the Health Services Command Mobilization Planning System, Volume II, Part 6, 21 April 1992.

1-2. PURPOSE.

a. The U.S. Army Medical Command Mobilization Plan (MEDCOM-MP) provides policy and planning guidance to Major Subordinate Commands (MSC), installations, and activities. It summarizes and supplements the policy and guidance in the Army Mobilization and Operations Planning and Execution System (AMOPES).

b. This MSC Commanders' handbook applies to all U.S. Army Medical Command (MEDCOM) MSCs. It provides guidance, instructions, and procedures for developing MSC mobilization plans. It supplements the information in the MEDCOM-MP, and summarizes the essential planning functions to assist in developing comprehensive mobilization plans for supporting the expanding Army forces.

1-3. REFERENCES.
A list of references used in mobilization planning is available at Annex Y.

1-4. ABBREVIATIONS AND TERMS.
A list of abbreviations used in this handbook is available at Annex X.

1-5. RESPONSIBILITIES.

a. Operations Directorate, Headquarters (HQ), MEDCOM.

(1) Has MEDCOM staff responsibility for mobilization and sustainment planning.

(2) The Plans Division, Operations Directorate, is staff proponent for preparing, publishing, and maintaining the MEDCOM Mobilization Planning System.

(3) Coordinate MEDCOM staff actions pertaining to contingency operations and mobilization.

(4) Review of MSC mobilization plans.

b. The MEDCOM staff offices.

(1) Review MSC mobilization plans and provide comments and recommendations in their functional areas.

(2) Coordinate with the Plans Division, Operations Directorate on all policies, guidance, and procedures in their functional areas which affect the MEDCOM-MP before release to the MSCs.

c. Major Subordinate Commands (MSC). Responsibilities common to all MEDCOM MSCs and MEDCOM installations are covered in this paragraph. Responsibilities unique to specific MSCs and MEDCOM installations are addressed in paragraphs 1-5d through 1-5j.

(1) Establish a mobilization planning committee in accordance with MEDCOM Regulation 500-5, and maintain written records of committee meetings. Ensure mobilization planning procedures and actions are reviewed and approved by the committee.

(2) Prepare, publish, and maintain an up-to-date mobilization plan in support of assigned missions.

(3) Develop training guidance for WARTRACE aligned reserve

component (RC) units, and monitor their unit status reports (USR).

(4) Operate an emergency operations center (EOC), and coordinate tasking.

(5) Direct and coordinate professional cross-leveling, backfill, and special medical mission requirements.

(6) Coordinate logistics support requirements for a contingency operation or mobilization.

(7) Establish and maintain links with critical information management systems.

(8) Develop input to officer and enlisted distribution plans. Allocate personnel based on manpower documents and established priorities.

(9) Identify personnel to fill mobilization requirements as directed.

(10) Provide Army Medical Department (AMEDD) officer and enlisted personnel identified as Professional Filler System (PROFIS) personnel to the deployed and deploying forces as directed by HQ MEDCOM, and provide other personnel fillers as directed.

d. Commanders, Regional Medical Commands (RMC) will:

(1) Coordinate health care planning within their area of responsibility.

(2) Provide policy and guidance to U.S. Army Medical Center (MEDCEN) and Medical Department Activity (MEDDAC) commanders.

(3) Provide operational guidance and assistance regarding health care delivery, education, and training.

(4) Ensure managed care programs support transition to war.

(5) Prepare a health care delivery plan which integrates readiness requirements. The plan will project health care demand across the full spectrum of clinical services.

(6) Advise the command on Patient Administration mobilization issues and requirements.

(7) Manage the regional utilization of activated U.S. Army Reserve personnel and WARTRACE units.

e. Commander, U.S. Army Medical Department Center and School (AMEDDC&S) will:

(1) Continue to administer currently approved AMEDDC&S directed training, including courses at the U.S. Army School of Aviation Medicine (USASAM). Continue to conduct approved courses for AMEDD personnel, and as required, for other Army personnel, members of other services, and for authorized Foreign nationals within policies established by Headquarters, Department of the Army (HQDA).

(2) Plan for training of AMEDD personnel in Army hospitals and in other federal agencies and civilian institutions for clinical skills requiring the presence of a special environmental or patient care activity.

(3) Prepare and maintain a current mobilization program of instruction (MOBPOI) for each course to be taught during mobilization.

(4) Expedite the development and fielding of Combat Health Support Systems.

f. Commander, U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM). Continue to perform peacetime functions including support for other services, investigations, and training for the Army health and environment program encompassing preventive medicine, occupational health, and environmental sciences.

g. Commander, U.S. Army Dental Command (DENCOM): Provide dental policy to Regional Dental Commands (RDC).

h. Commander, U.S. Army Medical Research and Materiel Command (MRMC):

(1) The MRMC mission will shift from basic research to support of field operations during a contingency or mobilization. The geographical area of conflict and Army operations in that area will determine the thrust of the support of field operations and follow on research and development effort after mobilization. Adjust priorities to meet critical needs.

(2) The MRMC directs and manages Class VIII supply support, and operates as the Army Service Item Control Center (SICC) for medical materiel. These activities are managed through the U.S. Army Medical Materiel Agency (USAMMA), a MRMC subordinate command.

i. U.S. Army Veterinary Command (VETCOM): Provide policy and guidance to the Regional Veterinary Commands (RVC).

j. MEDCOM Installations.

(1) Coordinate with installation tenants for support of assigned missions.

(2) Will provide mobilization and deployment support to RC units within the AR 5-9 responsibility of the installation.

1-6. CONFLICTING GUIDANCE.

a. Users of this handbook will notify HQ MEDCOM, ATTN: MCOP-P of any conflict between this guidance and other source documents.

b. If instructions in this publication conflict with Army regulations or with HQDA guidance, contact HQ MEDCOM, ATTN: MCOP-P for resolution of the conflict.

c. If conflicts develop between installation guidance and the tenant MEDCOM activity that provides medical support, follow the guidance in MEDCOM Reg 500-5-2, MEDCOM-MP, until resolution of the conflict consistent with paragraph b above.

1-7. BEGINNING INSTRUCTIONS.

a. Major subordinate commands will prepare mobilization plans following the guidance contained in this handbook, and MEDCOM Reg 500-5, MEDCOM-MPS, and MEDCOM Reg 500-5-1 through MEDCOM Reg 500-5-10.

b. The example format at Section II provides the order and format of annexes, appendices, and tabs.

(1) The annex order is mandatory; do not omit any annexes. If an annex is not used, prepare the page header and enter **(Not Used)**. Annexes T and W are available for local use.

(2) The format for annexes and appendices is also mandatory.

The standard format is also recommended for tabs, however, changes are permitted to the tab format. If a paragraph in the format is not required, enter **(Not Used)** after the paragraph heading.

1-8. DISTRIBUTION.

a. The HQ MEDCOM will review and approve all MSC mobilization plans before general distribution occurs. Distribute plans as indicated in the plan's Annex Z. Other distribution is on a "need-to-know" basis.

b. Provide copies of the approved plan to the Continental United States Armies (CONUSA), State Area Commands (STARC), installations, the U.S. Army Reserve Command (USARC) and WARTRACE aligned U.S. Army Reserve (USAR) units.

c. The Army Surgeon General (TSG) in the role of TSG or Commanding General, U.S. Army Medical Command must approve any distribution of any element of the MEDCOM-MPS outside the Department of Defense (DoD).

1-9. REPRODUCTION.
Commanders may reproduce MEDCOM-MPS documents, including mobilization plans, in whole or in part.

1-10. CLASSIFICATION.
Do not include classified material from other activity or installation plans without written approval from the Plans Division, Directorate of Operations, HQ MEDCOM.

1-11. REVIEW, REVISION, AND ENHANCEMENT.

a. Major Subordinate Commands are responsible for the overall maintenance and enhancement of their mobilization plans.

b. All MSCs will review and test their plans whenever they participate in a Joint Chiefs of Staff (JCS) exercises, HQDA exercises, MEDCOM exercise, and as part of the Medical Mobilization Readiness Program (MMRP).

c. Users of this handbook and other documents of the MEDCOM-MPS should submit comments and recommendations for changes to HQ MEDCOM, ATTN: MCOP-P.

1-12. HOW TO USE THIS HANDBOOK.
The MSCs should use this handbook to develop their mobilization plans. The information in Chapter 2 provides general guidance. Sections I and II provide the format and sample entries for MSC use. It includes the required number of annexes and appendices. The guidance assists by listing the information each annex should contain. The information should serve as a checklist for staff elements and the commanders in reviewing their plans for completeness.

CHAPTER 2
MOBILIZATION PLANS AND FORMATS

SECTION I
MAJOR SUBORDINATE COMMAND MOBILIZATION PLANS

2-1. GENERAL.

a. The AMOPES directs major Army commands to prepare mobilization plans. It also requires subordinate commands and activities with mobilization responsibilities to prepare mobilization plans. The MEDCOM mobilization plan provides central planning and guidance to MSCs that in turn provide guidance to subordinate activities that are responsible for decentralized execution of the MEDCOM mobilization mission. The MSCs' mobilization plans will focus on staff

responsibilities for execution of the mission requirements outlined in MEDCOM Reg 500-5-1 through 500-5-10 of the MEDCOM-MPS.

b. The specific peacetime and contingency or mobilization actions required will be included in the mobilization plans. The plans will provide guidance in the proper functional areas. The plans will address situations unique to the respective commands. Each mobilization plan will be a stand-alone document that includes all essential information. Additional mobilization standing operating procedures (SOP) may be required for internal sections. These SOPs do not need to be part of the mobilization plan, but they should be available in the staff element.

2-2. SCOPE.

The plans will address the functional requirements and responsibilities that occur during a contingency operation or mobilization.

2-3. PREPARATION OF MOBILIZATION PLANS.

a. Format. The preparation of mobilization plans will follow the general format prescribed in this handbook. Section II, Chapter 2 provides an outline of the plan format to include a list of proper annexes and appendices. A complete plan will consist of the basic plan, supporting annexes, essential appendices, and tabs. All plans will include, in order, a signed directive letter, table of contents, and change sheet for use in recording published changes. These latter items will appear in front of the basic plan.

b. Content. The MSCs will discuss the requirements unique to their command in Annex A (Concept of Operations) of their mobilization plan and also in the appropriate functional annex. The plans must provide enough guidance for dispersed execution of the various mobilization functions. Execution is time critical and must align to meet the overall mission requirements of the command.

c. The plans will be published as follows:

(1) Use the format shown in Section II, Chapter 2 in developing and publishing the mobilization plans. As a minimum, the plans will include the annexes shown in the format. Commanders may use annexes T and/or W for local use.

(2) Each plan will identify the MSC designation and the missions assigned to the command. These missions will agree with the missions listed in the MEDCOM-MP and MEDCOM Reg 500-5-2, Concept of Operations, MEDCOM-MPS. Bed expansion missions are published annually by MEDCOM Plans Division and need to be kept current. The designation and the missions will appear in the mission paragraph of the basic plan.

d. Annexes, appendices, and tabs to mobilization plans.

(1) Section II, Chapter 2 provides information to assist in preparing annexes, appendices, and tabs to mobilization plans. The samples provide functional guidance, and will help determine the content of the annexes.

(2) The plans must follow the format shown. The only changes permitted to the format are in the format of the Tabs. The format paragraphs not required, will have **(Not Used)** entered after the paragraph heading

2-4. SUBMISSION REQUIREMENTS.

a. Submit four complete bound or fastened copies of the mobilization plan to HQ MEDCOM, ATTN: MCOP-P. These copies are for staffing within the headquarters and for the MEDCOM Commander's approval. Submit the mobilization plans over a signed, dated command memorandum following a schedule developed by HQ MEDCOM.

b. The plans will reflect independent development and will not copy the MEDCOM plan. This headquarters will return plans without approval if they are mirror images of the MEDCOM-MP. However, some appendices and tabs in the MEDCOM-MP may contain information that you may extract as is for your mobilization plan.

2-5. REVIEW AND UPDATE OF MOBILIZATION PLANS.

a. All MSC mobilization plans will be reviewed annually by HQ MEDCOM. A copy of the review will be maintained in the MSC mobilization files.

b. Review and test plans during mobilization exercises. Forward recommended changes to HQ, MEDCOM, ATTN: MCOP-P.

c. Record all changes to the mobilization plans on the change sheet in front of the plan.

2-6. MOBILIZATION PLANNING ACTIVITIES CHECKLIST.

This is a sample checklist of important actions. It is not intended to be an all encompassing list. Tailor it to your command and expand it as necessary.

a. Has the MSC mobilization plan been reviewed and updated annually? Is a written record of this review on file?

b. Has subordinate activities' mobilization plans been reviewed annually? Are written records of these reviews on file?

c. Is a copy of the most recent MEDCOM Program Analysis and Evaluation(PA&E) guidance for developing mobilization tables of distribution and allowances (MOBTDA) and the most recent MOBTDA on file?

d. Are copies of interservice support agreements (ISA) on file?

e. Has the command appointed and organized a mobilization planning committee (MEDCOM Reg 500-5)? Are there written records of committee meetings and follow-up on recommendations?

f. Have WARTRACE Units been identified and action taken to address training, organization, and functional alignment?

2-7. MOBILIZATION PLANNING FILES.

Essential documents required for a complete mobilization file:

a. Mobilization plan.

b. The MEDCOM mobilization plan.

c. Mobilization plans for all subordinate activities.

d. Annex G to the installation mobilization plan.

e. Copy of the latest mobilization Table of Distribution and Allowances (MOBTDA).

f. Mobilization planning committee minutes.

g. Mobilization inspection results.

h. Mobilization correspondence.

i. Copies of WARTRACE units' TDAs, mission essential task lists (METLs), USRs, and training guidance.

j. WARTRACE correspondence file.

k. Master telephone/FAX listing for points of contact (POC).

l. Copies of intra/interservice support agreements (ISA) and memorandums of understanding (MOU).

SECTION II
MAJOR SUBORDINATE COMMAND MOBILIZATION PLAN FORMAT

a. The following sample mobilization plan format is provided to assist in the development of your mobilization plan.

b. The format and some standard information are provided, however, it must be tailored to fit your specific command situation.

BASIC PLAN (SAMPLE MOBILIZATION PLAN WITH ANNEXES)

MOBILIZATION PLAN (U) (_____-MP) (U)

The table of contents for your plan should include the basic plan, annexes, appendices, tabs, and the appropriate page numbers.

References. See Annex Y.

1. SITUATION.

a. General.

(1) The plan should assign staff responsibilities and provide policy, execution guidance, instruction, and procedures. It should support mobilization, deployment, sustainment, redeployment, and demobilization of Army and other Services within your area of responsibility. The plan is directive for assigned personnel and for the WARTRACE aligned USAR unit(s) assigned to the command upon mobilization.

(2) The plan identifies and quantifies the administrative and logistical support required by the command in preparation for a contingency operation or mobilization.

b. Enemy forces. See Annex N (Operations Security).

c. Friendly forces. The combined military forces of the United States.

d. Assumptions. Use assumptions from the MEDCOM mobilization plan. Do not develop additional assumptions for the plan without prior approval of HQ MEDCOM, ATTN: MCOP-P.

2. MISSION. Entries will include all missions from the MEDCOM-MP and other directives. Of special importance are those missions that are unique to the command. These missions might relate to a specific activity, installation, or the entire region, and apply only during mobilization. Include any current mission to support other service personnel that continues during mobilization. MSCs will not accept a mission or tasking or enter into agreement with another command without approval of HQ MEDCOM. All additional missions must meet HQ MEDCOM approval.

3. EXECUTION.

a. Concept of Operations. See Annex A.

b. Policy. This paragraph should identify only those policies that actually affect mission accomplishment. Lengthy and multiple

(Table 1 below provides a sample mission statement.)

EXAMPLE MISSION PARAGRAPH

2. **MISSION.** When directed by HQ MEDCOM, mobilize to provide health care and individual AMEDD training support to the expanded Army to meet wartime or emergency requirements.

   a. Expand the health care treatment base to support the mobilizing and deploying forces, the sustaining base population, and returning theater-generated patients.

   b. Provide care for eligible beneficiaries within the limitations of available resources and coordinate alternative sources of care when no longer available within the uniformed services.

   c. Provide AMEDD filler personnel to the deployed and deploying forces.

   d. Expand the AMEDD training base in coordination with the AMEDD Center and School.

   e. Provide medical, dental, optometric, and audiology examinations, immunizations, dental treatment, panographic x-rays, and required eye, dental, or hearing prostheses.

Table 1. (Example Mission Paragraph)

entries should not be necessary. (Example entries.)

(1) Nonactive duty beneficiary care will be continued during and after mobilization to the extent permitted by available resources to include Managed Care Support (MCS) Contractors. Health care, both inpatient and outpatient care, to eligible beneficiaries will not be restricted until it becomes apparent that care of active duty personnel is being compromised due to lack of available resources.

(2) Only existing health care facilities "with-in-the-walls" or MCS Contracts will be used for inpatient care.

(3) The RMC will coordinate the distribution of resources throughout its respective command.

(4) Contracting for civilian services will expand to meet operating requirements. In addition, activities will make maximum use of the Logistics Civil Augmentation Program (LOGCAP) (AR 700-137).

(5) For planning purposes, patients expected to return to duty within 60 days will remain in military medical treatment facilities.

(6) The Department of Veterans Affairs (DVA) hospital system will serve as the primary back up support to the military health care system. Under the provisions of

Public Law 97-174, help from the DVA does not require prior mobilization.

(7) The National Disaster Medical System (NDMS) will provide hospital care for military patients beyond the combined inpatient capability of the DVA/DoD contingency health care system. The Assistant Secretary of Defense for Health Affairs (ASD-HA) activates NDMS. Prior to activation, use civilian hospitals under the provisions of the managed care program.

(8) The Global Patient Movement Requirements Center (GPMRC) regulates hospitalized patients to and within the Continental Unites States (CONUS) during mobilization, deployment, sustainment, redeployment, and demobilization.

(9) Medical treatment facilities (MTF) on active federally operated installations that do not provide inpatient care during peacetime and at semi-active Federal and state operated mobilization stations/ installations will not receive patients from the theater(s) of operation.

c. Tasks. This paragraph should identify tasks necessary to carry out the command's mobilization plan. Use MEDCOM Reg 10-1, Organization and Functions Policy and the MEDCOM-MP as a guide. (Tasking examples.)

(1) Operations.

(a) Develop the mobilization plan.

(b) Develop training guidance for all WARTRACE aligned RC units, and monitor their unit status reports.

(c) Operate a regional emergency operations center (EOC), and coordinate tasking.

(2) Clinical Operations.

(a) Prepare a health care delivery plan which integrates readiness requirements. The plan will project health care demand across the full spectrum of clinical services.

(b) Coordinate and monitor professional cross-leveling, backfill, and special medical mission requirements.

(3) Chief Resource Management.

(a) Develop, prepare, and maintain a current mobilization TDA (MOBTDA) based on the mobilization missions assigned by the MEDCOM mobilization plan and annual MEDCOM mission guidance.

(b) Prepare, coordinate, and maintain current mobilization support agreements.

(4) Chief Personnel.

(a) Manage AMEDD PROFIS.

(b) Establish and maintain links with critical personnel management systems.

(5) Chief Logistics. Coordinate regional logistics support requirements.

(The above entries are only a brief example of the tasks to include. Assign tasks to those staff positions that would complete the work associated with mobilization and expansion.)

d. Coordinating Instructions.

(1) Develop the command's mobilization plan upon receipt of the MEDCOM mobilization plan and this handbook. Begin execution on receipt of the mobilization order from HQ MEDCOM.

(2) The HQ MEDCOM will issue a letter of instruction for specific orders to expand operating beds.

(3) Coordinate directly with Reserve WARTRACE aligned units, installations, mobilization stations, STARCs, U.S. Army Reserve Regional Support Commands (RSC), and CONUSAs.

4. SERVICE SUPPORT.

a. Logistics. See Annex D.

b. Personnel. See Annex G.

5. COMMAND AND SIGNAL.

a. Command.

(1) The HQ MEDCOM will assume command of mobilized WARTRACE aligned RC TDA units. The HQ MEDCOM will publish an order assigning the RC unit to the appropriate MEDCOM MSC.

(2) See Chapter 6, MEDCOM Reg 500-5-1, System Description, MEDCOM-MPS for additional information on command relationships to include here.

b. Information Management (Signal). See Annex Q.

JONES
COL, MC
Commander

OFFICIAL:
DEXTER
Chief of Staff

ANNEXES:

List Annexes to your plan here.

Annex	Title	Proponent
A	Concept of Operations	Operations
B	Health Care Services	Clinical Operations
C	Resource Management	C, RMD
D	Logistics	C, Log Div
E	Facilities	C, Log Div
F	Reserve Components	Operations
G	Personnel	C, Pers Div
H	Preventive Medicine	C, Prev Med Div
I	Safety/Accident Prevention	Safety Officer
J	Dental Services	Cdr, RDC
K	Veterinary Services	Cdr, RVC
L	Training	Operations
M	Security	Operations
N	Operations Security	Operations
O	Chaplain	C, DMPC
P	Public Affairs	PAO
Q	Information Management	C, IMD or DOIM
R	Demobilization	Operations
S	Provost Marshal	Operations
T	Not Used	
U	Emergency Operations Center	Operations
V	Historical Activities	Operations
W	Not Used	
X	Glossary	Operations
Y	References	Operations
Z	Distribution	Operations

Table 2 (Annexes)

ANNEX A (CONCEPT OF OPERATIONS) TO _____MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y. items 6, 13, 15, 47, 88, 93, 100, 124, 128, 129, 131, 132, 133, 134, 136, 138, 140, 141, 143, 144, 149, 154, 155, and 159.

2. **PURPOSE.** This annex provides the concept of operations for use in planning and executing the _____ mobilization mission.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe the concept of operations for completing the assigned missions stated in the basic plan. It should present the understanding of how the command will complete its missions. The length of the explanation depends on the complexity of the missions and the amount of "how to" information necessary to describe them. A key element will be the thoroughness with which the command addresses the following points.

a. Transition from peacetime health care to one which supports the mobilizing, deploying, sustaining force, returning theater patients, redeployment, and demobilization.

b. General actions the command will take during the contingency operation or mobilization.

c. A brief overview covering the relationship between the command and other Federal, State, city, or civilian health care activities that might help with the mobilization.

c. Describe how the command will support the region's mobilization stations.

e. Describe how the command will support the mobilizing and deploying forces after PROFTS personnel depart? What roles will individual mobilization augmentees (IMA), retirees, and USAR WARTRACE aligned units have once mobilized?

f. How do you expect expansion to occur? Will it occur in phases? Sixty hour work week/RC augmentation/Contingency Hospital System/ civilian contract.

5. **POLICY.** Add policy statements as applicable. This paragraph should identify only those policies that actually affect mission accomplishment.

6. **RESPONSIBILITIES.** Identify those staff sections and positions with specific responsibilities for accomplishing the contingency operation or mobilization mission.

7. **PROCEDURES.** Develop procedures for accomplishing the annex functions.

Appendices. (As necessary to provide adequate information.)

ANNEX B (HEALTH CARE SERVICES) TO _____MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 6 through 10, 20 through 26, 29, 31, 33, 34, 35, 36, 44, 92, 93, 119, 120, 121, 144, 153, 154, and 155.

2. **PURPOSE.** This annex should define how the command will provide health care services for active duty, nonactive duty beneficiaries, and approved Department of the Army (DA) civilian employees during contingency operations or mobilization. The appendices should discuss hospital care, ambulatory care, the blood program, clinical services, medical

regulating, bed status reporting, family assistance, soldier readiness processing, credentialing and privileging of health care providers.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept on how it will provide health care services in support of a contingency operation or mobilization under policies prescribed by HQDA and HQ MEDCOM.

5. **POLICY.** Add policy statements as applicable. This paragraph should identify only those policies that actually affect mission accomplishment.

6. **RESPONSIBILITIES.** This plan should specify staff responsibilities for providing health care services as described in the table below.

7. **PROCEDURES.** Develop procedures for accomplishing the annex functions.

Appendices: 1 - 8

Appendix	Title	Proponent
1	Hospitalization	Clinical Operations
2	Ambulatory Care Services	Clinical Operations
3	Blood Program	Clinical Operations
4	Clinical Services	Clinical Operations
5	Contingency Medical Regulating and Bed Status Reporting	C, Patient Admin Div
6	Family Assistance	C, Social Work Service
7	Soldier Readiness Processing	Clinical Operations
8	Credentialing and Privileging of Health Care Providers	Clinical Operations

Table 3 (Appendices)

APPENDIX 1 (HOSPITALIZATION) TO ANNEX B (HEALTH CARE SERVICES) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 4, 6, 22, 23, 24, 88, 127, 128, 117, 120, 141, 142, 143, and 144.

2. **PURPOSE.** This paragraph should provide the contingency bed mission as provided through the annual MEDCOM Contingency Bed Mission Memo.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept on how it will accomplish its contingency bed mission, both current beds and bed expansion, if it has that mission. The definitions of patient acuities are at Tab A to this appendix. The plan should identify steps necessary

to reach the expanded operating bed level.

5. POLICY. Add policy statements as applicable. This paragraph should identify only those policies that actually affect mission accomplishment. (Example statement.)

The MTFs will plan to operate at least the number of intensive and intermediate beds that they operate in peacetime.

6. RESPONSIBILITIES.

a. Address the responsibility for all inpatient care in the region. Use AR 40-4 and MEDCOM Reg 40-21 for guidance in providing that care.

b. Address the provisions of negotiating Memorandums of Understanding or Interservice Support Agreements with other Service military, Federal, or civilian hospitals to support the semi-active Federal or state-operated installations within the command's area of responsibility. A copy of the agreements should be attached as a tab or enclosure to this appendix.

7. PROCEDURES. Develop procedures for accomplishing the appendix functions.

TAB A (BED REQUIREMENTS) TO APPENDIX 1 (HOSPITALIZATION) TO ANNEX B (HEALTH CARE SERVICES) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

The commands will enter their aggregate bed capacity, peacetime and expansion, for their region in this Tab.

TAB B (DEFINITION OF PATIENT CATEGORIES) TO APPENDIX 1 (HOSPITALIZATION) TO ANNEX B (HEALTH CARE SERVICES) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

Extract the definitions from Tab B, Appendix 1, Annex B, MEDCOM Mobilization Plan (MEDCOM-MP), MEDCOM Reg 500-5-3.

TAB C (DVA/DOD CONTINGENCY HOSPITAL SYSTEM) TO APPENDIX 1 (HOSPITALIZATION) TO ANNEX B (HEALTH CARE SERVICES) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. REFERENCES. See Annex Y, items 4, 6, 11, 117, 118, 141, 142, and 144.

2. PURPOSE. This paragraph should provide guidance on coordination and implementation of the VA/DoD Contingency Hospital System before and during mobilization.

3. ASSUMPTIONS. See paragraph 1d, basic plan.

4. CONCEPT. This paragraph should describe the command's concept for the implementation of the DVA/DOD Contingency Hospital System. The DVA hospital system is the primary alternative for military patient care when the active military hospital system begins nearing its capacity. This occurs when the Secretary of Defense (SECDEF) requests hospital support from the Secretary of Veteran's Affairs. It does not require mobilization to set it in motion.

5. POLICY. This paragraph should identify only those policies that actually affect mission accomplishment.

6. RESPONSIBILITIES. This paragraph should identify the staff responsibilities for the DVA/DOD Contingency Hospital System.

7. PROCEDURES. This paragraph should identify the procedures required to implement the DVA/DOD Contingency Hospital System.

a. Coordinate with nearby DVA hospitals and incorporate agreements into this document.

b. Initiate the actions required to implement the DVA/DoD contingency hospital plan.

TAB D (NATIONAL DISASTER MEDICAL SYSTEM) TO APPENDIX 1 (HOSPITALIZATION) TO ANNEX B (HEALTH CARE SERVICES) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 4, 6, 11, 117, 118, 141, 142, and 144.

2. **PURPOSE.** This paragraph should provide guidance on coordination and implementation of NDMS before and during mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept for the implementation of NDMS. The NDMS hospital system requires a mobilization or a major national disaster to set it in motion. command's concept for the implementation of NDMS. The NDMS hospital system requires a mobilization or a major national disaster to set it in motion.

5. **POLICY.** This paragraph should identify only those policies that actually affect mission accomplishment.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for the NDMS coordination and implementation. (Coordinate with nearby NDMS associated hospitals. Incorporate agreements into this document.) As missioned establish patient assistance teams to provide service to patients being cared for in the NDMS facilities.

7. **PROCEDURES.** Document actions required to implement the NDMS plan in your region.

APPENDIX 2 (AMBULATORY CARE SERVICES) TO ANNEX B (HEALTH CARE SERVICES) TO_____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 6 through 10, 21 through 26, 29, 30, 31, 34, 36, 44, 120, 121, 143, 144, and 149.

2. **PURPOSE.** This appendix should provide command guidance on providing ambulatory patient care services

NDMS Coordinating Centers for U.S. Army Medical Command
Dwight David Eisenhower Army Medical Center
Madigan Army Medical Center
Tripler Army Medical Center
William Beaumont Army Medical Center
Walter Reed Army Medical Center
MEDDAC, Fort Carson, CO
MEDDAC, Fort Jackson, SC

Table 4 (NDMS Coordinating Centers)

during a contingency operation or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, how the command will accomplish its ambulatory care services mission. During a contingency operation or mobilization there is a requirement to provide primary medical care in a general ambulatory clinic. The staff will consist of non-specialized physicians and other ancillary health care personnel (physicians assistants, nurse practitioners, etc.). Ambulatory care will be provided at Active as well as Federal semi-active and state-operated installations. Tri-Care providers are responsible to maintain the contracted premobilization level of ambulatory care mission.

5. **POLICY.** This paragraph should identify only those policies that actually affect mission accomplishment.

6. **RESPONSIBILITIES.** This paragraph should specify staff responsibilities for providing ambulatory care services. Consideration needs to be given not only to ambulatory care services at active installations, but also Federal semi-active and state-operated installations within the command's area of responsibility.

7. **PROCEDURES.** This paragraph should identify the procedures required to accomplish the command's ambulatory care services mission. The command will prepare to support active, Federal semi-active, and state-operated installations using procedures described in the MEDCOM-MP. Support involves primary care, medical examinations, and immunizations. Address the requirement for supporting MEDDACs to prepare a medical annex for the supported installation.

TAB A (MEDICAL SUPPORT TO FEDERAL SEMI-ACTIVE AND STATE-OPERATED INSTALLATIONS) TO APPENDIX 2 (AMBULATORY CARE SERVICES) TO ANNEX B (HEALTH CARE SERVICES) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex y, items 6 through 10, 21 through 26, 29, 30, 31, 34, 36, 44, 124, 137, 138, 143, 144, and 148.

2. **PURPOSE.** To provide policy and guidance for providing medical support to Federal semi-active and state-operated installations during a contingency operation or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept of how to support Federal semi-active and state-operated installations within its area of responsibility. Federal semi-active and state-operated installations will be activated to support the mobilizing and deploying force. Selected installations have been designated by FORSCOM as either a Power Projection Platform (PPP) or a Power Support Platform (PSP) (see the table below). A significant troop population is expected to mobilize or deploy through the PPPs and PSPs. The MTF responsible for the Health Service Area (HSA) will provide medical support to these installations. Many of the installations do not have operating medical activities on site, and those that do will require augmentation.

Semi-Active Federal Mobilization Stations/Installations		
Fort Buchanan, PR (PSP)	Fort Dix, NJ (PPP)	Fort McCoy, WI (PPP)
State-Operated Mobilization Stations/Installations		
Camp Atterbury, IN PSP		Gowan Field, ID (PSP)
Camp Roberts, CA (PSP)		Camp Shelby, MS (PSP)

Table 5 (Reserve Component Power Projection and Power Support Platforms)

In addition, there are a number of other Federal semi-active and state-operated installations which have not been designated as PPPs or PSPs for which medical support must be planned.

5. **POLICY.** This paragraph should identify only those policies that actually affect mission accomplishment. (Example policy statements.)

a. Medical support to Federal semi-active and state-operated installations will be provided by the MEDCEN/MEDDAC responsible for the HSA in which the installation is located.

b. Transportation to the supporting inpatient facility will be provided by the troop medical clinic or arranged civilian 911 services.

6. **RESPONSIBILITIES.** This paragraph should specify staff responsibilities required for medical support of Federal semi-active and state-operated installations.

7. **PROCEDURES.** The following areas should be considered when developing procedures.

a. The RMCs will ensure a Director of Health Service (DHS) is appointed for each installation within its HSA.

b. The DENCOM will ensure a Director of Dental Service (DDS) is appointed for each installation in its area of responsibility.

c. Interservice support agreements or agreements with civilian health facilities for inpatient care should be in place for each installation.

APPENDIX 3 (BLOOD PROGRAM) TO ANNEX B (HEALTH CARE SERVICES) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 2, 8, 12, 21, 23, 128, 136, 153, 154, and 155.

2. **PURPOSE.** To provide guidance for executing the mobilization blood program mission.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** Describe, in general terms, the concept on meeting command blood missions.

5. **POLICY.** This paragraph should identify only those policies that actually affect mission accomplishment.

6. **RESPONSIBILITIES.** This paragraph should specify staff responsibilities for accomplishing the command's blood program mission.

7. **PROCEDURES.** Develop procedures for accomplishing the Tab functions.

TAB A (MOBILIZATION BLOOD COLLECTION ACTIVITIES) TO APPENDIX 3 (BLOOD PROGRAM) TO ANNEX B (HEALTH CARE SERVICES) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y.

2. **PURPOSE.** To provide policy and guidance to identified blood collection activities.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept on how the blood collection activities will accomplish their mission. The MEDCOM will provide a blood mission memorandum annually identifying MTFs required to expand blood collection activities to support contingency operations or mobilization.

5. **POLICY.** This paragraph should identify only those policies that actually affect mission accomplishment.

6. **RESPONSIBILITIES.** This Tab should specify staff responsibilities for the blood program.

7. **PROCEDURES.** Identify those procedures necessary for blood donor center operations.

TAB B (MOBILIZATION BLOOD QUOTAS) TO APPENDIX 3 (BLOOD PROGRAM) TO ANNEX B (HEALTH CARE SERVICES) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y.

2. **PURPOSE.** To provide information on the command mobilization blood quotas.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept on how it will meet its blood collection quotas. Selected MEDCENs and MEDDACs will be assigned specific daily blood collection quotas to support a contingency operation or mobilization.

5. **POLICY.** This paragraph should identify only those policies that actually affect mission accomplishment.

6. **RESPONSIBILITIES.** This paragraph should specify staff responsibilities. (Example):

The MEDCOM Blood Program Office will develop and distribute the mobilization blood quotas.

7. **PROCEDURES.** Identify those procedures associated with issuing and receiving mobilization blood quotas.

APPENDIX 4 (CLINICAL SERVICES) TO ANNEX B (HEALTH CARE SERVICES) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 6 through 10, 12, 15, and 21 through 26, 31, 47, 93, 100, 101, 145, 147, 148, 154, 156, 161, and 162.

2. **PURPOSE.** This appendix provides guidance to clinical and specialty areas of the command in the performance of their mobilization missions.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. CONCEPT. This paragraph should describe, in general terms, the command's concept on how it will provide clinical services. The professional staff designs the specialty bed configuration to meet the command's expansion mission. It is essential to have clinical involvement to plan for PROFIS losses and reserve component backfill and augmentation. The staff must exercise proactive and timely planning for continuity of inpatient services for mobilizing soldiers and eligible beneficiaries.

5. POLICY. This paragraph should identify only those policies that actually affect mission accomplishment.

6. RESPONSIBILITIES. This paragraph should identify the staff responsibilities for meeting the command's clinical services mission.

7. PROCEDURES. This paragraph should identify the procedures required for the command to accomplish its clinical services mission during a contingency operation or mobilization.

APPENDIX 5 (CONTINGENCY MEDICAL REGULATING AND BED STATUS REPORTING) TO ANNEX B (HEALTH CARE SERVICES) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. REFERENCE. See Annex Y, items 4, 6, 11, 27, 33, 35, 111, 117, 118, 137, 141, 142, 159, and 164.

2. PURPOSE. This appendix defines how the command will receive theater patients and report the hospital bed status.

3. ASSUMPTION. See paragraph 1d, basic plan.

4. CONCEPT. The purpose of medical regulating is to evacuate patients from the theater hospital system when they require care exceeding the evacuation policy. Contingency regulating becomes necessary when large numbers of patients occur over short periods and communication difficulties or other problems preclude standard medical regulating. Patient information required for contingency movement is reduced from "by name" and medical specialty to aggregate patient counts by thirteen specialty groups. Receiving hospitals also report bed availability in these 13 groups. The Theater Patient Movement Requirements Center (TPMRC) normally requests the change to contingency regulating.

5. POLICY. This paragraph should identify only those policies that actually affect mission accomplishment.

6. RESPONSIBILITIES. This paragraph should specify the staff responsibilities for receiving and transporting patients from the airhead to the hospital. It should also state who collects and reports bed status information to the Global Patient Movement Requirements Center (GPMRC). The primary receiving centers (PRC) should plan to return patients to their home station as soon as their medical condition and the capability of their home station MTF permit. This requires coordination with GPMRC and coordinating for ground and air transport.

7. PROCEDURES. This paragraph should identify the procedures the MTFs will follow in receiving and transferring patients under contingency medical regulating.

TAB A (PATIENT MOVEMENT) TO APPENDIX 5 (CONTINGENCY MEDICAL REGULATING AND BED STATUS REPORTING) TO ANNEX B

(HEALTH CARE SERVICES) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCE.** See Annex Y, item 6, 27, 33, 35, 146, 153, and 155.

2. **PURPOSE.** This tab provides policy and guidance on patient movement in and between regions.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** A regional concept of patient movement will be used for patients returning from a theater outside the Continental United States (OCONUS). Regulating patients to a primary receiving center will assure better patient care during periods of limited specialty staff availability. Patients no longer needing specialty care will be transferred to an MTF at or near their home station.

5. **POLICY.** This paragraph should identify only those policies that actually affect mission accomplishment. (Example statement.)

Whenever possible, commands will return patients to their home station as soon as their medical condition and the capability of the home station MTF permits.

6. **RESPONSIBILITIES.** This paragraph should identify the staff responsibilities for patient movement.

7. **PROCEDURES.**

a. Patient movement procedures will follow the concept outlined in paragraph 4.

b. A regional patient movement plan will be included as a subset of the regional transportation plan. The regional patient movement plan will integrate all Service MTFs, DVA Medical Centers, and participating NDMS hospitals in the region.

APPENDIX 6 (FAMILY ASSISTANCE) TO ANNEX B (HEALTH CARE SERVICES) TO _____ MOBILIZATION (U) PLAN (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 91, 92, 93, 94, 119, 121 and 142.

2. **PURPOSE.** This appendix provides guidance for determining Social Work Service's (SWS) family support requirements. It will cover all phases of preparation, deployment, sustainment, redeployment, demobilization, and return of personnel to home station.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** The purpose of SWS is to provide responsive and continuous service to soldiers and family members during peacetime and mobilization. This service is provided within and outside of the medical treatment facility. It requires coordination with many volunteer and nonappropriated funds activities. The SWS should be integrated into the installation mobilization support plan.

5. **POLICY.** Identify only those policies that actually affect mission accomplishment.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for SWS. The SWS must have written plans prepared for contingencies to sustain patient care throughout any mobilized period. All support should be integrated into both unit and community family support operations.

7. **PROCEDURES.** The SWS will prepare a Memorandum of Agreement (MOA)

with the American Red Cross concerning support to families. They should also plan services with Army Community Services, other installations, and community agencies. It is imperative that coordination occur with Army Reserve and National Guard members who mobilize at the installation to assure support to their families. Documents prepared under this section will be included in the plan.

APPENDIX 7 (SOLDIER READINESS PROCESSING) TO ANNEX B (HEALTH CARE SERVICES) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 1, 2, 3, 34, 36, 92, 95, 99, 100, 101, 102, 106, 123, 142, 146, 148, 149, and 150.

2. **PURPOSE.** This appendix provides guidance for soldier readiness processing (SRP).

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** The SRP should be a continuous process at each installation. Although the installation Director of Personnel and Community Activities (DPCA), utilizing the Post Adjutant General (AG) as the executive agent , is responsible for SRP, the Director of Health Services (DHS) and Director of Dental Services (DDS) have integral roles in the process.

5. **POLICY.** This paragraph should identify only those policies that actually affect mission accomplishment. (Example statements.)

a. The medical portion of the SRP is a MEDCEN/MEDDAC mission; the dental portion of SRP is a DENTAC mission.

b. All Professional Filler System (PROFIS) designees will complete SRP processing through Phase 2, to the maximum extent possible, within 30 days of assignment to a PROFIS position.

6. **RESPONSIBILITIES.** This paragraph should describe and define the responsibilities for soldier readiness processing. (Example Statement.)

The MTF Director of Primary Care and Community Medicine (DPCCM) is responsible for the medical SRP program. The DPCCM will coordinate dental care with the DDS and medical staffing for the mobilization SRP processing site with the Chief, Department of Nursing. The Chief, Plans, Operations, and Training writes the plans, including the medical annex to the installation mobilization plan. The Chief, Logistics Division, assures that proper equipment is available and in working order.

7. **PROCEDURES.** This paragraph should identify standardized procedures required for the SRP. Medical support to the mobilization SRP site begins when the DPCA requests support.

(NOTE: Planning for SRP support must include all installations in your region.)

APPENDIX 8 (CREDENTIALING AND PRIVILEGING OF HEALTH CARE PROVIDERS) TO ANNEX B (HEALTH CARE SERVICES) TO __ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y, 31.

2. **PURPOSE.** This appendix provides policy and guidance on the credentials requirement and privileging process of health care providers during mobilization and deployment.

3. ASSUMPTIONS. See paragraph 1d, basic plan.

4. CONCEPT. This paragraph should describe, in general terms, the command's concept on how it will provide credentials review and privileging of health care providers. Credentials review and privileging are integral parts of the MEDCOM Quality Management Program and a cornerstone to quality health care delivery.

5. POLICY. Identify only policy statements that actually affect mission accomplishment.

6. RESPONSIBILITIES. This paragraph should identify staff responsibilities for credentialing and privileging of health care providers.

7. PROCEDURES. This paragraph should identify procedures for credentialing and privileging health care providers during mobilization and deployment.

ANNEX C (RESOURCE MANAGEMENT) TO ___MOBILIZATION PLAN (U) (__-MP) (U)

1. REFERENCES. See Annex Y, items 21, 28, 84, 85, 86, 90, 91, 110, 111, 112, 130, 131, 132, 133, 136, 137, 143, 150, 151, and 163.

2. PURPOSE. To provide guidance for Resource Management in support of the command's mobilization and expansion mission.

3. ASSUMPTIONS. See paragraph 1d, basic plan.

4. CONCEPT. This paragraph should describe the concept as to how resource management will support contingency operations or mobilization.

5. POLICY. Identify only those policies that actually affect mission accomplishment.

6. RESPONSIBILITIES. This paragraph should identify staff responsibilities for accomplishing the resource management functions under contingency operations or mobilization. (Examples.)

a. Chief, Manpower, Equipment, and Operations Branch. Responsible for development of the MOBTDA.

b. Chief, Budget Branch. Responsible for all funding matters concerning mobilization. (The following are representative samples of responsibilities that might apply at Major Subordinate Commands.)

(1) Determine extent of funding responsibility.

(2) Collect/identify costs resulting from emergency operations.

(3) Submit cost reports.

(4) Request additional funds as required.

(5) Continue existing funding programs and procedures until HQ MEDCOM approves changes.

c. Chief, Management Branch. Develop Support Agreements with the installation commander or heads of agencies not in DoD. These agreements will cover support to be received and support to be provided. Copies of these agreements will become part of this plan.

7. PROCEDURES. This paragraph should identify procedures to be followed or reference resource material where procedures are identified.

Appendices:

1 - Mobilization TDA (MOBTDA) Development Guidance
2 - Financial Management

APPENDIX 1 (MOBILIZATION TDA [MOB-TDA] DEVELOPMENT GUIDANCE) TO ANNEX C (RESOURCE MANAGEMENT) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 16, 41, 47, 67, 88, 93, 101, 127, 128, 129, 130, 131, 133, 136, 137, and 150.

2. **PURPOSE.** This appendix defines the goals and special considerations required for the development of the MOBTDA.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** The MOBTDA should reflect the minimum essential manpower and equipment requirements to support mobilization. The expected theater patient workload will come from HQ MEDCOM. The MOBTDA should follow OTSG PA&E guidance and will undergo annual review with updates when needed.

5. **POLICY.** Identify only those policies that actually affect mission accomplishment. (Example policy statements.)

a. All commands will use the update guidance provided by OTSG PA&E in the MOBTDA development.

b. Mobilization TDAs will be developed to reflect resource requirements for Presidential Selected Reserve Call-up (PSRC) and partial mobilization as separate and distinct requirements.

6. **RESPONSIBILITIES.** This paragraph should reflect staff responsibilities for MOBTDA development. (Examples.)

a. Manpower Division, PA&E, HQ MEDCOM provides the MOBTDA update guidance to the commands before their annual review.

b. Commanders prepare and document the MOBTDA for their commands and for any organization for which they have mobilization responsibility.

7. **PROCEDURES.** The detailed guidance to commands will be received before the annual MOBTDA review and update. The document serves as a guide for determining mobilization manpower requirements. The command must provide written justification for any deviation from the guidance.

APPENDIX 2 (FINANCIAL MANAGEMENT) TO ANNEX C (RESOURCE MANAGEMENT) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 2, 16, 87, 88, 89, 91, 108, 109, 110, 111, 112, 136, 137, 149, 150, and 164.

2. **PURPOSE.** This appendix describes how the command will conduct financial management operations during all levels of mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the concept of how the command will perform resource management functions.

5. **POLICY.** Identify only those policies that actually affect mission accomplishment. (Example statements.)

a. Peacetime financial controls remain in effect during mobilization until otherwise directed by HQ MEDCOM.

b. During mobilization, commands will use existing funds that MEDCOM and HQDA have not restricted.

6. RESPONSIBILITIES. This paragraph should identify staff responsibilities.

7. PROCEDURES. The command should describe local actions required to execute mobilization guidance.

a. Funding Authority. Remains formal with normal reporting procedures until directed otherwise. The command should create special account codes to separately identify mobilization and deployment costs. The commander is responsible to assign costs to mobilization and to maintain a documented audit trail. Special rules apply to Army Reserve and National Guard unit financial support.

b. Fund Citations. When funds are unavailable, the Secretary of Defense invokes 41 U.S.C. 11, commonly called the Feed and Forage Act. This statute authorizes the military departments to incur obligations in excess of appropriations. The HQDA and HQ MEDCOM will provide additional instructions when R.S. 3732 authority begins.

ANNEX D (LOGISTICS) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. REFERENCES. See Annex Y, items 13, 20, 24, 40, 67, 87, 88, 96 through 101, 107, 110, 111, 112, 131, 132, 133, 144, 150, 151, 152, 157, 159, and 161.

2. PURPOSE. This annex provides direction, guidance, and defines responsibilities for planning and executing logistical support for the command's mobilization and expansion mission.

3. ASSUMPTIONS. See paragraph 1d, basic plan.

4. CONCEPT. This paragraph should describe, in general terms, the command's concept for providing logistical support to assure that essential services and materiel to support the mobilization missions are available and maintained.

5. POLICY. Identify only those policies that actually affect mission accomplishment.

6. RESPONSIBILITIES. This paragraph should identify staff responsibilities for logistics. (Areas for which staff responsibilities need to be identified).

a. Supply Management.

b. Property Management.

c. Transportation Support.

d. Service Support.

e. Medical Equipment Maintenance Support.

f. Prime Vendor and Contingency/ Exigency contracts.

7. PROCEDURES. This paragraph should identify the procedures required to provide logistics support to a contingency operation or to a mobilization.

Appendices:
1 - Supply Management
2 - Property Management
3 - Transportation
4 - Environmental Services
5 - Medical Equipment Maintenance
6 - Prime Vendor and Contingency/ Exigency Contracts

APPENDIX 1 (SUPPLY MANAGEMENT) TO ANNEX D (LOGISTICS) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y, items 28, 110, 111, 112, 113, 114, 115, 122, 146, 149, and 151.

2. **PURPOSE.** This appendix provides the supply management guidance required to support contingency operations or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept for accomplishing supply management during a contingency operation or mobilization

5. **POLICY.** Identify only those policies that actually affect mission accomplishment. (Example policy statements).

a. Supply management operations will continue to follow prescribed regulatory policies and guidelines during contingency operations or mobilization.

b. Medical materiel required to support early deploying units will be made available from peacetime stocks. Items not available will be activated or requisitioned from the most appropriate source of supply.

c. Medical materiel deficiencies from the installation and supported activities will be provided to the Installation Medical Supply Activity (IMSA).

6. **RESPONSIBILITIES.** This paragraph should identify those staff responsibilities required to perform supply management functions during a contingency operation or mobilization.

7. **PROCEDURES.** Procedures will mirror those established during peacetime until otherwise directed.

APPENDIX 2 (PROPERTY MANAGEMENT) TO ANNEX D (LOGISTICS) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 28, 40, 108, 110, 112, 113, 122, 155 and 156.

2. **PURPOSE.** This appendix provides guidance for the management, procurement, and accounting of Medical Command capital equipment during a contingency operation or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept for accomplishing property management functions during a contingency operation or mobilization.

5. **POLICY.** Identify only those policies that actually affect mission accomplishment. (Example policy statements.)

Property Management activities will follow current regulatory policies and guidelines for procurement, accounting, and management of capital equipment.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for accomplishing the command's property management functions during a contingency operation or mobilization.

7. **PROCEDURES.** This paragraph should identify procedures required

to accomplish the command's property management functions during a contingency operation or mobilization. (Example procedures are as follows.)

a. Current regulatory guidance, procedures and policies will continue to be followed.

b. The Logistics Division will develop plans to assure that the command follows property accountability regulations. Plans should show how new capital equipment requirements are identified and submitted through the Medical Care Support Equipment (MEDCASE) Program channels. Procedures for equipment cross-leveling will help fulfill equipment requirements. Requirements include:

(1) Submitting new equipment requirements in accordance with established regulations and supply bulletins.

(2) Coordinating with local and regional contracting offices to develop procedures to facilitate the purchase and/or lease of equipment required to support mobilization equipment shortages.

(3) Identifying and reporting mobilization equipment shortages to Property Management Division, OAC-SLOG, MEDCOM.

APPENDIX 3 (TRANSPORTATION PLAN) TO ANNEX D (LOGISTICS) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. REFERENCES. See Annex Y, items 6, 13, 21, 22, 27, 33, 35, 40, 111, 114, 116, 117, 149, 155, 156, and 159.

2. PURPOSE. This appendix provides policy and guidance on transportation planning.

3. ASSUMPTIONS. See paragraph 1d, basic plan.

4. CONCEPT. This paragraph should describe, in general terms, the command's concept for movement of staff, patients, and materiel during a contingency operation or mobilization.

5. POLICY. This paragraph should identify only those policies which actually affect mission accomplishment. (Example policy statement.)

Each command/activity will develop and maintain a patient transportation plan.

6. RESPONSIBILITIES. This paragraph should identify staff responsibilities for accomplishing the command's transportation functions during a contingency operation or mobilization. (Examples of staff responsibilities are as follows.)

a. Chief, Logistics Division. Develops and maintains the command mobilization transportation requirements. Is the lead proponent for the regional transportation plan to include the sub-areas of personnel and materiel movement.

b. Chief, Readiness. Assures that plans for required ground transport and air evacuation (by Army aircraft) support mobilization requirements.

c. Chief, Patient Administration Division. Plans and manages those activities involving the receipt, evacuation, transfer, and referring of patients in and between RMCs. Is the lead proponent for patient movement within the regional transportation plan.

7. PROCEDURES. This paragraph should identify procedures required to accomplish region transportation

functions during a contingency operation or mobilization. NOTE: Regional transportation procedures at MEDCOM installations will differ from those at activities which are tenants on other Major Army Command (MACOM) installations.

APPENDIX 4 (ENVIRONMENTAL SERVICES) TO ANNEX D (LOGISTICS) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y, items 22, 25, 28, 110, 101, 106, 112, 161, 162 and 163.

2. **PURPOSE.** The annex provides guidance for implementing Logistic Environmental Service requirements under contingency operations or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept for expanded environmental services during a contingency operation or mobilization. Areas to address include:

a. Hospital Housekeeping Services.

b. Precious Metals Recovery Management.

c. Linen Management.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for accomplishing Environmental services functions.

7. **PROCEDURES.** This paragraph should identify the procedures required to accomplish the environmental services functions. (Example.)

Existing procedures to support the operation will be maintained. The Office of the Assistant Chief of Staff for Logistics will issue additional guidance by message, memorandum, or by Environmental Services Bulletins to support implementation of expanded service management related functions.

APPENDIX 5 (MEDICAL EQUIPMENT MAINTENANCE) TO ANNEX D (LOGISTICS) TO_____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y, items 13, 22, 28, 89, 93, 100, 111, 119, 131, 136, 138, 143, 145, 149, and 150.

2. **PURPOSE.** This appendix provides requirements and guidance for the maintenance of medical equipment in the command under contingency operations or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept for providing medical equipment maintenance in the command during a contingency operation or mobilization.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment. (Example policy statements.)

Medical equipment maintenance support will continue to be provided within assigned geographical areas as delineated in AR 5-9 and MEDCOM Reg 40-21. Medical Maintenance Support to deploying units is added as a primary mission.

6. RESPONSIBILITIES. This paragraph should identify staff responsibilities. (Example staff responsibilities.)

a. The Logistics Division will develop plans to assure that medical equipment repairers are primarily used for the repair and service of medical equipment.

b. Equipment operators should perform the before, during, and after use maintenance. Medical maintenance personnel should inspect equipment before initial use.

7. PROCEDURES. This paragraph should identify procedures required to accomplish the medical equipment maintenance functions. (Example procedures.)

a. All medical equipment will receive a thorough inspection prior to being placed in use. Equipment requiring scheduled services will be included in the Army Medical Department Property Accounting System (AMEDDPAS) database.

b. The use of maintenance contracts will be utilized when qualified medical maintenance personnel are not available.

APPENDIX 6 (PRIME VENDOR AND CONTINGENCY/ EXIGENCY CONTRACTS) TO ANNEX D (LOGISTICS) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. REFERENCES. See Annex Y, items 28, 111, 112, 113, 114 and 122.

2. PURPOSE. This appendix provides guidance for implementation and management of prime vendor and contingency/exigency contracts to support a contingency operation or mobilization.

3. ASSUMPTIONS. See paragraph 1d, basic plan.

4. CONCEPT. This paragraph should describe, in general terms, the command's concept for implementing and monitoring prime vendor and contingency/exigency within their area of responsibility. (Example of a concept statement.)

The MEDCOM mission no longer envisions expansion to large trauma and convalescent facilities. This expansion requirement necessitated the storage of a large amount of equipment with which to rapidly expand. The current concept is to expand only to the maximum capacity for which the hospital chassis were designed. This "with-in-the-walls" expansion reduced the requirement to have large stockpiles of equipment on hand. The MEDCOM took a critical look at the aged equipment stored for this mission and began questioning its ability to be functional, operational, and technically capable by today's standards. The MEDCOM established contingency/exigency contracts in order to meet its expansion requirement for non-expendable/durable equipment. The prime vendor initiative has also reduced the requirement to have expansion expendable stocks on hand. Each contract has contingency clauses written into them. Each RMC is required to verify the compliance capabilities of regional contractors and take appropriate actions.

5. POLICY. This paragraph should identify policies which affect mission accomplishment.

6. RESPONSIBILITIES. This paragraph should identify staff responsibilities for prime vendor and contingency/exigency contracts. (Example statement.)

The Chief, Logistics Division will develop plans to assure that equipment requirements have been

identified by the Mobilization Planning Committee.

7. **PROCEDURES.** This paragraph should identify procedures to implement and monitor prime vendor and contingency/exigency within the command.

ANNEX E (FACILITIES) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y, items 24, 87, 100, 125, 143 and 145, 146, 149, 151, 152, 156, 161, 162, and 163.

2. **PURPOSE.** This annex provides direction and assigns responsibilities to define requirements for facilities to support expected patient workloads during mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the concept for medical facility management during a contingency operation or mobilization.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment. (Example policy statements.)

a. Nonmedical buildings of opportunity will not be used for hospitalization (inpatient) purposes.

b. Facility requirements for outpatient troop health, dental, or medical clinics will be determined and resolved at the installation level by the responsible MTF through full-time use (multiple shift) of existing clinics.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for facility management and use.

7. **PROCEDURES.** This paragraph should identify the procedures required for expansion and management of medical facilities during a contingency operation or mobilization.

ANNEX F (RESERVE COMPONENTS) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y, item 15, 42, 43, 44, 45, 46, 47, 88, 100, 125, 127, 128, 129, 149, 150, 151 and 163.

2. **PURPOSE.** This annex provides information on the Reserve Component (RC) forces of the U.S. Army that support the command during contingency operations or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the concept of how the command will use its WARTRACE aligned reserve component mobilization assets to accomplish its mission.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment. (Example policy statement.)

Depending on the scenario and the level of operational tempo, it may be necessary for either the Regional Medical Command or HQ MEDCOM to relocate U.S. Army Reserve (USAR) Installation Medical Support Units (IMSU) to mobilization stations other than to which they are WARTRACE aligned. The MTFs must be prepared to conduct SRP operations without the support of an IMSU.

6. **RESPONSIBILITIES.** This paragraph should identify staff

responsibilities for the mobilization, support, and use of reserve component WARTRACE aligned units. (Example areas of responsibility to be considered.)

a. Prior to mobilization.

(1) Provide mission guidance.

(2) Monitor training and readiness status.

b. Following mobilization.

(1) Billeting requirements.

(2) Transportation requirements.

(3) Post mobilization training requirements.

(4) Identify and requisition for vacant or mismatched Unit Manning Report (UMR) slots.

7. PROCEDURES. The plan should identify the reserve component assets programmed for assignment to the command. The plan should describe how the command will receive, integrate, train, billet, transport, and equip the personnel of the unit. It should discuss command and control relationships after mobilization and peacetime coordination between the unit, the command, and the MTF to be supported.

ANNEX G (PERSONNEL) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. REFERENCES. See Annex Y, items 5, 15, 41, 46, 47, 88, 93, 95, 96, 97, 101, 118, 146, 148, 151, and 163.

2. PURPOSE. This annex provides personnel policies for contingency operations or mobilization.

3. ASSUMPTIONS. See paragraph 1d, basic plan.

4. CONCEPT. This paragraph should describe the command's concept on managing personnel losses, backfill, and augmentation during a contingency operation or mobilization.

5. POLICY. This paragraph should identify only those policies which actually affect mission accomplishment.

6. RESPONSIBILITIES. This paragraph should identify staff responsibilities for personnel functions during a contingency or mobilization.

7. PROCEDURES. This paragraph should identify the procedures required for personnel functions during a contingency operation or mobilization. (Example procedures.)

a. Plans should include procedures for cross leveling of personnel between organizations within the command.

b. Plans should include receiving, managing, and employing military and civilian personnel gains after mobilization.

c. Report personnel status in the MEDSITREP.

Appendices:

1 - Professional Filler System (PROFIS)
2 - Cross-Leveling of AMEDD Personnel
3 - Civilian Personnel Management in Mobilization

APPENDIX 1 (PROFESSIONAL FILLER SYSTEM [PROFIS]) TO ANNEX G (PERSONNEL) TO _____MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, item 67, 93, 97, 101, 142, 146, 148, 149, 151, and 163.

2. **PURPOSE.** To provide guidance and procedures for the Professional Filler System (PROFIS) during a contingency operation or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept on managing PROFIS. (In the event of contingency operations or mobilization, The Surgeon General is responsible for the management of AMEDD personnel, and to bring deploying and deployed forces up to required AMEDD strength. This responsibility will be met primarily through the designation of AMEDD personnel, within MEDCOM and its subordinate activities, as AMEDD fillers.)

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment. (Example policy statements.)

a. All PROFIS assignments will be stabilized for a minimum of 18 months. This policy does not preclude assignments for longer periods of time.

b. The PROFIS personnel must be prepared for movement and arrival on station in the designated time after initial notification.

c. All PROFIS designees will complete the SRP processing through phase 2, to the maximum extent possible, within 30 days of assignment to a PROFIS position.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for PROFIS implementation. It should outline specific staff responsibilities for notification, training, readiness processing, roster maintenance, and unit assignments.

7. **PROCEDURES.** This paragraph should identify the procedures required for PROFIS implementation during a contingency or mobilization.

APPENDIX 2 (CROSS-LEVELING OF AMEDD PERSONNEL) TO ANNEX G (PERSONNEL) TO _____ MOBILIZATION PLAN (____-MP) (U)

1. **REFERENCES.** See Annex Y, item 88, 93, 95, 97, 125, 128, 131, 133, 143, 144, and 156.

2. **PURPOSE.** This appendix provides guidance on cross-leveling to support mobilization requirements with existing installation assets.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the commands concept of cross-leveling during a contingency operation or mobilization. (Example Concept Statement.)

During a contingency operation or mobilization, it will be necessary to cross-level AMEDD personnel within and between Major Army Commands (MACOM) to bring deploying units up to deployable standards. The installation Strength Officer will identify shortfall requirements to DA PERSCOM. PERSCOM will validate the shortfall requirements and coordinate personnel tasking with MEDCOM prior to directing MEDCOM to provide personnel to the deploying unit.

5. **POLICY.** This paragraph should identify only those policies which

actually affect mission accomplishment. (Example policy statements.)

a. The Army Mobilization and Operations Planning and Executions System (AMOPES) exempts MEDCOM AMEDD personnel from being cross-leveled across MACOMs by the installation commander. Cross-leveling between the MEDCOM and other MACOMs requires PERSCOM approval following coordination with MEDCOM.

b. Personnel losses due to cross-leveling within the command will not be back filled on a one for one basis. The MEDCOM's goal for personnel backfill is 80 percent of losses. Backfill should be requested for essential positions only.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for accomplishing the cross-leveling function. (Example responsibility statements.)

a. The MEDCOM will monitor cross-leveling actions within the command.

b. The RMC commander is the authority for cross-leveling AMEDD personnel between MTFs within the RMC.

7. **PROCEDURES.** This paragraph should identify procedures required to accomplish the cross-leveling mission. (Example procedure statement.)

APPENDIX 3 (CIVILIAN PERSONNEL MANAGEMENT IN MOBILIZATION) TO ANNEX G (PERSONNEL) TO _____ MOBILIZATION PLAN (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 5, 82, 88, 93, 96, 97, 146, 149, 151, and 163.

2. **PURPOSE.** To provide guidance for replacement of civilian work force losses due to a contingency operation or mobilization.

3. **ASSUMPTION.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe the command's concept for civilian personnel management during a contingency operation or mobilization. Civilian work force plans must complement the military mobilization plans. Portions of the civilian work force will become losses during a contingency operation or mobilization due to membership in the reserve components or recall to active duty under a retiree recall. These personnel will need to be replaced in order to provide continuity of care. In addition, personnel may need to be hired to support expanded operations. Planners must operate with an understanding of the effects of mobilization on the command, MTF, and the community. TRICARE providers will maintain their peacetime/contracted mission capacity until full mobilization when expansion is directed.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment. (Example policy statement.)

Expansion under contingency operations or mobilization will be accomplished by expanding the military force. However, planners must establish plans and procedures for replacement of the civilian work force lost to mobilization of the RC and retiree recall.

6. **RESPONSIBILITIES.** Commanders at all echelons will ensure appropriate planning for hiring to replace losses and a possible expansion requirement is accomplished.

7. **PROCEDURES.** Procedures and emergency authorities are delineated in AR 690-11.

ANNEX H (PREVENTIVE MEDICINE) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 7, 8, 9, 10, 13, 25, 36, 99, 124, 137, 138, 143, 147, 155 and 156.

2. **PURPOSE.** This annex provides guidance for a preventive medicine program to support a contingency operation or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept for accomplishing its Preventive Medicine mission. (Example statement.)

The preventive medicine program continues during mobilization, but with increased support to deployment operations. The U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM) will provide general preventive medicine and occupational health support to the Army world-wide. The preventive medicine workload will increase due to the following reasons: increased installation population, higher incidence of communicable diseases, more demand on water, waste, and sewage systems, local risk of more food-borne illnesses from untrained food handlers and the need to support Soldier Readiness Processing (SRP) by identifying, briefing, and monitoring the immunization of deploying troops.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment. (Example policy statement.)

Mobilization planning for preventive medicine support must encompass support for all Army installations in the command, including Federal semi-active and state-operated installations.

6. **RESPONSIBILITIES.** This paragraph should identify the staff responsibilities for accomplishing the command's preventive medicine functions.

7. **PROCEDURES.** This paragraph should identify the procedures required to accomplish the Preventive Medicine mission during a contingency operation or mobilization. (Example procedure statement.)

Plans should be written in execution format telling "how to do it" for the specific installation.

ANNEX I (SAFETY/ACCIDENT PREVENTION) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 2, 13, 84 through 86, 100, 146, 149, 151, 159, 161, through 164.

2. **PURPOSE.** This annex provides guidance for safety and accident prevention during a contingency operation or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept for accomplishing its safety and accident prevention mission. (Example of a concept statement.)

Initial response to mobilization uses existing accident prevention resources. Functions will continue to operate under peacetime regulations unless changed by authority

with jurisdiction. Be sure to satisfy all public laws about safety unless you receive specific exemptions. Priority goes to the problems involving the highest risk to the most personnel or equipment for the longest exposure time.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment. (Example policy statement.)

A qualified member of each command will be designated by the commander to represent the command on all safety matters.

6. **RESPONSIBILITIES.** This paragraph should identify the staff responsibilities for accomplishment of the command's safety and accident prevention functions.

7. **PROCEDURES.** This paragraph should identify procedures to accomplish the command's safety and accident prevention functions during a contingency operation or mobilization. (Anticipate and plan for increased safety problems in ground and air ambulance transport, reconfigured structures used for medical care, weapons handling and storage, fire prevention, increased numbers of untrained personnel, and medical storage.)

ANNEX J (DENTAL SERVICES) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 2, 5, 15, 23, 26, 30, 34, 44, 47, 88, 93, 95, 107, 111, 114, 115, 133, 143, 154 and 155.

2. **PURPOSE.** This annex provides basic mobilization concepts of dental operations within the command during a contingency operation or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept on how dental care will be provided to the mobilizing, deploying, redeploying, and demobilizing soldiers. (Example comments.)

a. Support soldier readiness processing (SRP) and provide dental care to all mobilized soldiers to place them in at least a dental Class 2. In peacetime, routine, emergency, and preventive dental care is provided to the active component soldiers to maintain their dental health. The reserve component soldiers, however, will not arrive with the same level of dental care.

b. A Director of Dental Services (DDS) will be appointed for each installation within the health service region. The responsible Regional Dental Command (RDC) will provide the DDS with information and instructions necessary to accomplish mobilization planning requirements at the installation.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment. (Example policy statements.)

a. All deploying soldiers will be placed in a dental class 2 prior to deployment unless the requirement is waived by proper authority.

b. For planning purposes, dental care should be made available at whatever time the soldiers are available.

c. All demobilizing soldiers will receive a dental examination/screening prior to separation from active Federal service.

6. RESPONSIBILITIES. Develop plans to provide dental care and examinations to all active and mobilizing forces. Some of the activities for which the command must plan are listed here:

a. Provide required dental care to the command's geographical area of responsibility.

b. Assure that the dental portion of subordinate activities' mobilization plans and the MOBTDAs are current.

c. Provide training programs for military and civilian augmentation personnel.

d. Develop a plan to use alternate materials, equipment, and techniques to compensate for potential shortages of dental materials used for fabrication of prosthodontic appliances.

7. PROCEDURES. This paragraph should identify the procedures required to accomplish the command's dental service mission. This mission includes SRP and dental health care.

ANNEX K (VETERINARY SERVICES) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. REFERENCES. See Annex Y, items 9, 10, 21, 23, 37, 38, 53, 120, 128, 131, 133, 154, 156, and 163.

2. PURPOSE. This annex provides guidance for Veterinary Services during a contingency operation or mobilization.

3. ASSUMPTIONS. See paragraph 1d, basic plan.

4. CONCEPT. This paragraph should describe, in general terms, the commands concept of how veterinary services will be provided in the command. The Veterinary Command serves as the DoD Executive Agent for veterinary medical care and will provide services to ensure the safety and quality assurance of the food supply to all military departments. The mission of the VETCOM will expand significantly to support all military services and other DOD activities in their area of operation during mobilization.

5. POLICY. This paragraph should identify policies which affect mission accomplishment.

6. RESPONSIBILITIES. This paragraph should identify staff command and staff responsibilities for the Veterinary Service mission within the command. (Example statements.)

a. The VETCOM is responsible for planning and providing veterinary Service Support.

b. All RMCs will develop plans, in coordination with the RVCs, to support the expanded Veterinary Service mission within the command.

7. PROCEDURES. This paragraph should identify the procedures for providing veterinary support within the command during a contingency operation or mobilization. (Veterinary mobilization requirements of each Service will be reviewed and updated annually to ensure they are valid and supported in the plan.)

ANNEX L (TRAINING) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. REFERENCES. See Annex Y, items 45, 69, 83, 92, 101, 124, 140 and 155.

2. **PURPOSE.** This annex provides guidance for supporting the expanding AMEDD training base at installations within the command. The policy for expanding the individual AMEDD training base is in the U.S. Army Medical Department Center and School (AMEDDC&S) Training Base Expansion Plan.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept for providing training in support of a contingency operation or mobilization. (Example).

During a contingency operation or mobilization AMEDDC&S will continue to provide all peacetime courses while expanding the AMEDD training base, as necessary, to meet requirements. Phase II training will continue at the peacetime sites. Site identified to conduct Phase II training following mobilization will prepare the training as directed by MEDCOM. Procedures for Graduate Medical Education are addressed in Appendix 3, Annex L, MEDCOM-MP.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment. (Example policy statement.)

Refresher training for enlisted personnel will be conducted at the AMEDDC&S. Priority for refresher training will be given to enlisted specialists designated as combat replacements.

6. **RESPONSIBILITIES.** Commanders in preparation for full mobilization will develop plans for training. They will obtain the Mobilization Army Program for Individual Training (MOBARPRINT) and necessary training materiel from the AMEDDC&S.

7. **PROCEDURES.** This paragraph should identify the procedures required for the command to accomplish training functions during a contingency operation or mobilization.

APPENDIX 1 (GRADUATE MEDICAL/HEALTH EDUCATION) TO ANNEX L (TRAINING) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y, 101.

2. **PURPOSE.** This appendix provides guidance for the conduct of Graduate Medical Education (GME) and Graduate Health Education (GHE) during a contingency operation or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept for supporting the GME/GHE program within the command. Graduate medical/health education encompasses the professional training of physicians and other medical professionals to improve readiness and accomplish the Army's health care mission by ensuring the proper balance of medical specialties are maintained.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment. (Example policy statements.)

a. The GME/GHE program will function following mobilization as directed by The Surgeon General.

b. Physicians in GME and other medical professionals in GHE will fall into the last category of providers used for PROFIS. The intent is to minimize the disruption of GME/GHE training to the greatest extent possible.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for the GME/GHE program within the command.

7. **PROCEDURES.** This paragraph should identify the procedures required for conduct of GME/GHE program in the command under mobilization conditions.

ANNEX M (SECURITY) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y, items 39, 54 through 66, 75 through 83, 91, 92, 116, 117, 128, 131, 133, 163, 155 and 156.

2. **PURPOSE.** This annex provides guidance for the command security program during a contingency operation or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept for accomplishing its Security mission during a continency operation or mobilization. A contingency operation or mobilization has the potential for an increased threat to the command, not only by opposing forces but also by dissident/disloyal personnel within the military service and civilian population. This increased threat can be countered by an enhanced security posture and intelligence collection activity within the command.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment.

6. **RESPONSIBILITIES.** Security requires the coordinated effort of the Security Manager and Operations Security (OPSEC) Officer. This plan and Annex N (OPSEC) should address their responsibilities in responding to increased security levels.

7. **PROCEDURES.** The security plan should cover the following points. During periods with increased threat it is important to accelerate personnel security capabilities. The security section should expand liaison with military intelligence offices and Defense and other Federal security agencies to get current threat information. It is also necessary to intensify command surveillance of personnel in sensitive positions. The command should review the risks associated with the continuation of official visits by foreign nationals. The final item is an expanded scope and collection effort for medical intelligence information.

ANNEX N (OPERATIONS SECURITY [OPSEC]) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y, items 14, 16, 17, 52, 54, 66, 75 through 83, 103, 128, 131, 132, 133 and 163.

2. **PURPOSE.** This annex provides guidance for secure planning and preparation for mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe the command's concept for accomplishing its operations security mission. Operations security requires that units analyze their operations to identify activities which would signal intentions to hostile intelligence. The command should then execute measures which will reduce those signal activities to an acceptable risk level. Operations security requires emphasis at

all levels of command throughout mobilization.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment.

6. **RESPONSIBILITIES.** Commanders are responsible for developing plans for OPSEC implementation with the start of mobilization. The plan should cover employment of counter measures to protect essential elements of friendly information (EEFI). Commanders also have the responsibility to:

a. Brief all personnel on intelligence, electronic warfare, terrorist threats, and EEFI.

b. Coordinate, in advance, with physical, signal, computer and communications security to support during mobilization.

c. Request a current hostile intelligence threat statement or briefing from the local Military Intelligence agency.

7. **PROCEDURES.** Conduct and evaluate periodic OPSEC surveys based upon the command mission, the local threat, and the activity vulnerabilities. Incorporate the results into command OPSEC briefings.

ANNEX O (CHAPLAIN) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y, items 48, 94, , 103, 105, 124, 128, 131, 133,and 154.

2. **PURPOSE.** This annex provides guidance for the Department of Ministry and Pastoral Care (DMPC) during contingency operations or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept for providing pastoral support for the mobilizing and deploying forces and their families. In the medical community, planning must focus on pastoral care for the patient and patient's family from premobilization through demobilization.

5. **POLICY.** This paragraph should identify policies which affect mission accomplishment.

6. **RESPONSIBILITIES.** The command chaplain should assure wartime readiness of the military staff and provide high quality theologically and clinically based spiritual health care. This plan should address any unique or special circumstances affecting the command.

7. **PROCEDURES.** No changes from peacetime procedures should be envisioned. However, several additional actions may be required.

ANNEX P (PUBLIC AFFAIRS) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y, items 16, 18, 19, 72, 73, 83, 84, 85, 86, 89, 91, 124, 128, 131, 133, 119, 143, 155, and 156.

2. **PURPOSE.** This annex provides direction and defines responsibilities for planning an effective Public Affairs (PA) program for contingency operations or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, how the command will conduct its PA program. PA activities should maximize the

flow of cleared (releasable) information to the internal and external public.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment. (Example policy statements.)

a. All subordinate activities are expected to perform a PA mission during and subsequent to mobilization.

b. Unless otherwise notified, the Freedom of Information and Privacy Acts will remain in force through the command.

6. **RESPONSIBILITIES.** The command PA office develops the PA plan.

7. **PROCEDURES.** This paragraph should identify the procedures required to accomplish the command's PA mission during a contingency operation or mobilization.

ANNEX Q (INFORMATION MANAGEMENT) TO ____MOBILIZATION PLAN (U) (__-MP) (U)

1. **REFERENCES.** See Annex Y, items 16 through 20, 30, 66, 72, 74, 75 through 83, 117, 118, 119, 146, 149, 151, and 163.

2. **PURPOSE.** This annex provides policy and guidance on expanding the Information Management services during a contingency operation or mobilization. This includes guidance on automation, communications-electronics, publications and printing, and records management.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept for accomplishment of its information management functions.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment. (Example policy statements.)

a. Common user telecommunications services will be maximized.

b. Information Management functions will continue to operate under peacetime regulations and policies until changed.

6. **RESPONSIBILITIES.** The Information Management Officer should develop the plan to provide support during mobilization. Some of the responsibilities that should be covered are shown here:

a. Information Management Officer.

(1) Maintain separate copies of current files for all applications (especially software and data for mobilization essential systems) at a remote site. This includes applications on stand alone computers in staff offices.

(2) Identify alternate sources of automated data processing systems, supplies, and maintenance.

(3) Maintain a stand alone forms flow capability to backup online availability of blank forms to prevent delays during mobilization.

b. Staff proponents.

(1) Develop manual procedures for all automated applications in case automation support ceases.

(2) Specify for each automated application whether or not it is essential for mobilization.

(3) Comply with the Privacy Act and Freedom of Information program.

7. **PROCEDURES.** The plan should describe actions required to provide information management support. During mobilization commanders are authorized to enter into contracts for commercial printing and duplicating support.
Appendices.

1 - Communications
2 - Automation
3 - Publications and Printing
4 - Records Management

APPENDIX 1 (COMMUNICATIONS) TO ANNEX Q (INFORMATION MANAGEMENT) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 14, 16, 66, 65, 79, 119, 128, 131, 134 and 163.

2. **PURPOSE.** This appendix provides policy and guidance for utilization and expansion of communications-electronics services and facilities during a contingency operation or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept of providing communications requirements during a contingency operation or mobilization.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for the accomplishment of communications functions.

7. **PROCEDURES.** This paragraph should identify procedures for accomplishing the communications function during a contingency operation or mobilization. Only procedures which differ from peacetime procedures should be described.

APPENDIX 2 (AUTOMATION) TO ANNEX Q (INFORMATION MANAGEMENT) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 16, 17, 80, 88, 118, 119, 146, 149, and 151.

2. **PURPOSE.** This appendix provides policy and guidance for automation planning to support the command's mobilization mission.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept on how automation activities will provide all required support under a contingency operation or mobilization.

5. **POLICY.** This paragraph should identify policies which affect mission accomplishment.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for the accomplishment of automation functions.

7. **PROCEDURES.** This paragraph should identify procedures for accomplishing the automation function during a contingency operation or mobilization.

APPENDIX 3 (PUBLICATIONS AND PRINTING) TO ANNEX Q (INFORMATION

MANAGEMENT) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 16, 17, 18, 79, 72, 73, 83, 134, 135 and 136.

2. **PURPOSE.** This appendix provides policy and guidance for the publications and printing programs in the command during a contingency operation or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept on how the publications and printing program will expand, as necessary, to support the command's mobilization mission.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for the accomplishment of publications and printing functions.

7. **PROCEDURES.** This paragraph should identify procedures for accomplishing the publications and printing functions during a contingency operation or mobilization.

APPENDIX 4 (RECORDS MANAGEMENT) TO ANNEX Q (INFORMATION MANAGEMENT) TO ____ MOBILIZATION PLAN (U) (__-MP) (U)

1. **REFERENCES.** See Annex Y, items 18, 19, 20, 30, 68, 82, 91, 124, 150, 152 and 159.

2. **PURPOSE.** This appendix provides policy and guidance for the records management program in the command during a contingency operation or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept of how the records management program will support the command under contingency operations or mobilization conditions.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for the accomplishment of records management functions.

7. **PROCEDURES.** This paragraph should identify procedures for accomplishing the records management functions during a contingency operation or mobilization. Only procedures which differ from peacetime procedures should be described.

ANNEX R (DEMOBILIZATION) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y, items 30, 32, 34, 36, 88, 95, 128, 131, 133, 143, 155, and 156.

2. **PURPOSE.** This annex provides guidance and procedures for the demobilization process to include medical/dental processing and treatment of demobilizing Active Component (AC) and Reserve Component (RC) soldiers.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept for accomplishing

the demobilization mission. Medical and dental examinations will be available to all demobilizing soldiers. Medical examinations are mandatory for the Army National Guard (ARNG), however, AC and U.S. Army Reserve (USAR) personnel require only a medical screening. A medical examination will be provided to demobilizing AC and USAR personnel upon request or when an examination is indicated. All demobilizing soldiers will receive counseling regarding latent health risks and health care benefits.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment. (Example policy statements.)

a. Normal peacetime health care services will be maintained for eligible beneficiaries while the demobilization process is being executed.

b. Depending on the scenario and the level of operational tempo during demobilization, it may be necessary for the Regional Medical Command or HQ MEDCOM to relocate USAR Installation Medical Support Units (IMSU) to mobilization stations other than to which they are WARTRACE aligned. The MTFs must be prepared to conduct demobilization operations without the support of an IMSU.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for the accomplishment of demobilization functions. (Examples of responsibilities.)

a. The medical examination/ screening is the responsibility of the local MTF.

b. The dental examination/ screening is the responsibility of the local DENTAC.

7. **PROCEDURES.** This paragraph should identify procedures for accomplishing the demobilization functions during a contingency operation or mobilization.

Appendices.
1 - Medical Examination
2 - Dental Examination
3 - Patient Administration

APPENDIX 1 (MEDICAL EXAMINATION) TO ANNEX R (DEMOBILIZATION) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y, items 30, 34, 46, 95, 99, and 156.

2. **PURPOSE.** This annex provides policy and guidance in the conduct of medical examinations for demobilizing personnel.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept for accomplishing demobilization medical examinations/screenings. Medical examinations will be available to all demobilizing soldiers. Medical examinations are mandatory for the Army National Guard (ARNG). However, AC and USAR personnel require only a medical screening. A medical examination will be provided to demobilizing AC and USAR personnel upon request or when an examination is indicated. All demobilizing soldiers will receive counseling regarding latent health risks and health care benefits. TRICARE will remain in effect for the service member and the family 30 days following deactivation , extended service connected medical care will then be the responsibility of the designated military medical treatment facility.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment. (Example policy statement.)

The Army policy is to accomplish a medical examination if the soldier requests one be performed.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for the accomplishment of demobilization medical examinations. (Example responsibility statement.)

The local MTF is responsible for supporting the demobilization process by providing required medical examinations/screenings.

7. **PROCEDURES.** This paragraph should identify procedures for accomplishing the demobilization medical examinations during or following a contingency operation or mobilization. (Demobilization medical examination procedures are provided in MEDCOM Regulation 500-5-5, Commanders' and Mobilization Planners' Handbook, MEDCOM-MPS.)

APPENDIX 2 (DENTAL EXAMINATION) TO ANNEX R (DEMOBILIZATION) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y, items 23, 26, 30, 34, 127, 144 and 145.

2. **PURPOSE.** This annex provides policy and guidance in the conduct of dental examinations for demobilizing personnel.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept for accomplishing the demobilization dental examinations or screenings. All demobilizing soldiers will receive a dental examination or screening prior to separation from active Federal service.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment. (Example policy statement.)

No dental conditions which existed prior to service (EPTS) may be treated at government expense after separation from active Federal service. Prior to separation, RC soldiers are eligible to have dental conditions treated in the dental treatment facility. After separation, RC soldiers are only eligible for in line of duty (LOD) conditions to be treated in the dental treatment facility or at government expense.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for the accomplishment of demobilization dental examinations and/or screenings.

7. **PROCEDURES.** This paragraph should identify procedures for accomplishing the demobilization dental examinations and/or screenings during or following a contingency operation or mobilization. (Demobilization dental examinations or screening procedures are provided in MEDCOM Regulation 500-5-5, Commanders' and Mobilization Planners' Handbook, MEDCOM-MPS.)

APPENDIX 3 (PATIENT ADMINISTRATION) TO ANNEX R (DEMOBILIZATION) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y, items 20, 30, 33, 34, 35, 102, 103, 144, and 156.

2. **PURPOSE.** This annex provides policy and guidance on demobilization patient administration issues.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept on patient administration during demobilization process. (Example concept statement.)

Soldiers who become ill or are injured during the demobilization process will be treated at the appropriate medical facility and returned to duty or regulated to the medical treatment facility (MTF) closest to their mobilization station that has the necessary treatment capabilities.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for the accomplishment of demobilization patient administration functions.

7. **PROCEDURES.** This paragraph should identify procedures for accomplishing the demobilization patient administration functions during or following a contingency operation or mobilization. (Demobilization procedures are provided in MEDCOM Regulation 500-5-5, Commanders' and Mobilization Planners' Handbook, MEDCOM-MPS.)

ANNEX S (PROVOST MARSHAL) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y, item 3, 49, 75 through 83, 91, 123, 155 and 156.

2. **PURPOSE.** This annex provides command law enforcement and security planning guidance for contingency operations or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept for accomplishing its Provost Marshal functions during a contingency operation or mobilization. Law enforcement and security activities provide a secure environment for the mobilization process. With changes of mission, planners must consider expansion of certain functions. Some of these are physical security, crime prevention, and confinement operations in medical channels. Military police deployment will strain law enforcement resources. Prior planning is essential to ensure effective security is established to support contingency operations or mobilization.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for the accomplishment of Provost Marshal functions. The command Provost Marshal and Security Officer will prepare the security annexes to the command mobilization plan.

7. **PROCEDURES.** This paragraph should identify procedures for accomplishing the Provost Marshal functions during a contingency operation or mobilization.

Appendices:

1 - Physical Security
2 - Confinement Operations

APPENDIX 1 (PHYSICAL SECURITY) TO ANNEX S (PROVOST MARSHAL) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, item 52, 53, 54, 55, 56, 57, 58, 60, 64, 75, 76, 83, 92, 124, 137 and 156.

2. **PURPOSE.** This appendix provides guidance for protecting personnel, preventing unauthorized access to property or facilities, and reducing the risks from espionage or sabotage during a contingency operation or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept on how the physical security mission will be accomplished. (Example concept statement.)

An increased population and level of activity can be expected during the transition from peacetime to mobilization. This increased activity requires that physical security programs be capable of meeting the increased threat to persons and property.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for the accomplishment of physical security functions.

7. **PROCEDURES.** This paragraph should identify procedures for accomplishing the physical security functions during a contingency operation or mobilization. Only procedures which differ from peacetime procedures should be described.

APPENDIX 2 (CONFINEMENT OPERATIONS) TO ANNEX S (PROVOST MARSHAL) TO _____ MOBILIZATION PLAN (U) (_____-MP) (U)

1. **REFERENCES.** See Annex Y, items 3, 50, 52, 60, 62, 63, and 139.

2. **PURPOSE.** This appendix provides guidance for confinement procedures within the command under a contingency operation or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept for accomplishing its confinement operations mission. Selected installations within the command may have an assigned confinement mission. The increased population and level of activity experienced on the installation during a contingency operation or under mobilization conditions may result in an increase in these confinement operations.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for the accomplishment of the confinement operations mission.

7. **PROCEDURES.** This paragraph should identify procedures for accomplishing the confinement operations mission during a contingency operation or mobilization. Only procedures which differ from peacetime procedures should be described.

ANNEX T TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

(NOT USED)

(This Annex reserved for use by MSC Commander.)

ANNEX U (EMERGENCY OPERATIONS CENTER) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** See Annex Y, items 75 through 83, 92, 160, and 164.

2. **PURPOSE.** This annex provides policy and guidance for the command Emergency Operations Center (EOC) during a contingency operation or mobilization.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This paragraph should describe, in general terms, the command's concept of EOC operations. (Example concept.)

a. The EOC, when activated, becomes the focal point for command, control, coordination, and monitoring of contingency operations and mobilization actions. All staff actions pertaining to the crisis will be coordinated through the EOC, and all incoming and outgoing crisis related messages will be transmitted through the EOC after being entered in the message log.

b. Streamlined staff procedures are required during contingency operation or mobilization due to the significant increase in the number of decisions to be made and the actions that will be generated prior to, during, and after a contingency operation or mobilization. During the contingency operation or mobilization, the timeliness of decisions is critical.

5. **POLICY.** This paragraph should identify only those policies which actually affect mission accomplishment. (Example policy statements.)

a. All MEDCOM activities will establish an EOC in response to a contingency operation or mobilization.

b. Streamlined staff procedures. The purpose of the modified staff action process is to facilitate a prompt and reasonable solution to a problem in order to make a timely decision.

(1) The EOC Team Chief should be authorized to take final action for the staff agency heads who have representatives in the EOC on all issues that require an immediate response when the normal decision maker is not reasonably available.

(2) Heads of staff offices and individuals designated by them should be delegated authority to take final action for the command on all matters within their respective functional areas, except those in which the Commander or Deputy Commander have expressed a personal interest.

(3) Heads of staff offices should delegate signature and coordination authority to the lowest level possible. As a minimum, decision and signature authority should be delegated to the branch or section chief level on all subjects within their respective areas of responsibility. Line through authority is approval authority and should be used extensively.

(4) The requirement for formal written concurrences will be held to a minimum. Coordination will be accomplished by the quickest and most informal method appropriate to the subject and its security classification. The coordination-by-conference technique should be used when issues are complex or time is critical.

(5) All nonconcurrences should be resolved before finalizing

an action. The head of the staff office responsible for the action may override the nonconcurrence of a final action if it is in his/her area of functional responsibility. When a nonconcurrence involves functional responsibility outside the purview of the action office or involves two or more areas of functional responsibility, the reasons for nonconcurrence, consideration of nonconcurrence, rationale, and recommendations will be expeditiously forwarded to the command group for a decision.

6. **RESPONSIBILITIES.** This paragraph should identify staff responsibilities for EOC operations. (Examples.)

a. The Commander is responsible for directing activation of the EOC.

b. The Chief, Operations Branch is responsible for operational control of the EOC. This responsibility includes:

(1) Maintain a current roster of qualified action officers, NCOs, and Department of the Army civilians for the EOC, with at least a Secret Clearance, who are familiar with:

(a) The MEDCOM Mobilization Plan, the MSC Mobilization Plan, and the supported installations' Mobilization Plan.

(b) Their respective staff organization, functions, and crisis/contingency/mobilization procedures and responsibilities.

(c) Message format, classification and declassification procedures, and message receipt and dispatch procedures.

(d) Appropriate operation plan or contingency plan.

(e) Their staff office emergency action checklist and procedures.

(2) Ensure internal staff office notification procedures are current.

(3) Provide qualified administrative personnel to support the EOC as required or coordinate with other offices for the support.

7. **PROCEDURES.** This paragraph should identify EOC operations procedures. (Examples.)

a. Staffing the EOC with personnel.

(1) The Operations personnel represent the normal staffing of the EOC. Each function manned within the EOC will have a standard job description prepared and ready for issue so that any qualified staff member can assume the role with little delay. They are the command interface and point of contact on routine operational matters with HQ MEDCOM, supported installations, other Major Army Commands, and subordinate activities. They initiate actions in a crisis situation.

(2) Staff Operations Team. The staff operations team is activated by the commander when a developing crisis generates requirements beyond the capabilities of the current operations personnel. The staff operations team is composed of personnel from the Operations Division and other staff offices. Members of the staff operations team in the EOC are authorized to make decisions and represent their staff offices in all matters dealing with the crisis and to function as the interface between the EOC and the command's staff members.

b. Messages.

(1) All incoming messages related to the crisis will be received and entered in the message log, and then reviewed for content and necessary action. The message is then distributed to the appropriate staff office(s), folder(s) for action, problem resolution, or information, as appropriate.

(2) All outgoing messages related to the crisis will be brought to the EOC where a date-time group is assigned. The messages will be signed for release, logged out and dispatched to the mail and distribution office for delivery to the supporting information transfer facility (message center).

c. Avoid the rewording of papers at successive office (in house) levels. Papers will be kept in working draft format until all reviews are completed.

d. Formal written staff studies will not be required unless complex issues or important policies are involved and time is of no consequence.

e. Whenever possible, decision briefings will be used in lieu of formal written proposals in staff action process.

f. Action officers should personally brief their actions up to and including the decision making level. Action officer should have direct access to the agency or individual providing the initial guidance to expeditiously resolve any questions concerning guidance.

g. Review of all actions will be kept at the lowest level consistent with guidance, review requirements, control, and response requirements.

h. Lateral tasking are authorized when required. The office establishing suspense dates for coordination will ensure reasonable time for responding offices to accomplish the action. Tasked staff offices will provide the required response by the scheduled suspense date or negotiate with the tasking office for an extension. If no response is received by the established suspense hour or date, concurrence will be assumed and the staff action is then completed and dispatched to the appropriate tasking office, agency, or headquarters.

ANNEX V (HISTORICAL ACTIVITIES) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. REFERENCES. See Annex Y, items 32, 116, and .

2. PURPOSE. This annex provides guidance for transition from peacetime historical operations to a contingency operation or mobilization program.

3. ASSUMPTIONS. See paragraph 1d, basic plan.

4. CONCEPT. This paragraph should describe, in general terms, the command's concept for how it will accomplish its historical activities functions. Historical material is useful to commanders and staff in analyzing and evaluating past operations. Since important events and developments may be nearly impossible to authoritatively reconstruct long after the event, contemporaneous research and writing are needed to adequately describe such developments. Historical records become the basis for "lessons learned."

5. POLICY. This paragraph should identify only those policies that

actually affect mission accomplishment. (Example policy statement.)

All MEDCOM activities will establish and maintain current historical activities operations to assist in the preparation and submission of historical reports.

6. **RESPONSIBILITIES.** The commander at all levels is responsible for ensuring historical information is captured and submitted in a timely manner.

7. **PROCEDURES.** This paragraph should identify procedures for historical activities.

a. Key to the preparation of any history is the capture of Important supporting documents. A historical file should be maintained at the activity level. The historical file consists of messages, memorandums, charts, graphs, situation reports, activation orders, etc., that form the basis for historical reports and lessons learned. The entire activity staff must be aware of the importance of building these historical files, and submit input to the historian on a regular basis.

b. The annual historical report of AMEDD activities is the principal historical vehicle for activities to provide HQ MEDCOM with historical activities.

c. Periodic special historical reports. Recognizing that the duration of a contingency operation may not fit the timing of the annual historical report, this headquarters may require the submission of a one-time special historical report covering the contingency operation.

ANNEX W TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

(NOT USED)

(This Annex reserved for use by Major Subordinate Command.)

ANNEX X (GLOSSARY) TO _____ MOBILIZATION PLAN (U) (____-MP) (U)

1. **REFERENCES.** Not applicable.

2. **PURPOSE.** To provide a listing of standard abbreviations, terms, and phrases.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** This annex is an alphabetical listing of abbreviations/acronyms used in this handbook.

5. **POLICY.** Not applicable.

6. **RESPONSIBILITIES.** Not applicable.

7. **PROCEDURES.** Not Applicable.

-A-

AC..... Active Component
ACSRM..... Assistant Chief of Staff for Resource Management
AMEDD..... Army Medical Department
AMEDDPAS..... Army Medical Department Property Accounting System
AMEDDC&S..... U.S. Army Medical Department Center and School

AMOPES..... Army Mobilization and Operations Planning and Execution system
AR..... Army Regulation
ARNG..... Army National Guard
ASD-(HA)..... Assistant Secretary of Defense (Health Affairs)

-B-

-C-

CHPPM..... U.S. Army Center for Health Promotion and Preventive Medicine
CONUS..... Continental United States
CONUSA..... Continental United States Army

-D-

DA..... Department of the Army
DDS..... Director of Dental Services
DENCOM..... U.S. Army Dental Command
DENTAC..... Dental Activity
DHS..... Director of Health Services
DMPC..... Department of Ministry and Pastoral Care
DOD..... Department of Defense
DPCA..... Directorate, Personnel and Community Activities
DPCCM..... Director, Primary Care and Community Medicine
DVA..... Department of Veterans Affairs

-E-

EEFI..... Essential Elements of Friendly Information
EOC..... Emergency Operations Center
EPTS..... Existed Prior to Service

-F-

FORSCOM..... U.S. Army Forces Command

-G-

GHE ..... Graduate Health Education
GME..... Graduate Medical Education
GPMRC..... Global Patient Movement Requirements Center
GPRMC..... Great Plains Regional Medical Command

-H-

HQ..... Headquarters
HQDA..... Headquarters, Department of the Army
HSA..... Health Service Area

-I-

IMA..... Individual Mobilization Augmentee
IMSA..... Installation Medical Supply Activity
IMSU..... Installation Medical Support Unit
IRR..... Individual Ready Reserve
ISA..... Intra/Inter-Service Support Agreement

-J-

JCS..... Joint Chiefs of Staff
JFCOM..... Joint Forces Command

-K-

-L-

LOD..... Line of Duty
LOGCAP..... Logistics Civil Augmentation Program

-M-

MACOM..... Major Army Command
MEDCASE..... Medical Care and Support Equipment
MEDCEN..... Medical Center
MEDCOM..... U.S. Army Medical Command
MEDCOM-MP.... U.S. Army Medical Command Mobilization Plan
MEDCOM-MPS... U.S. Army Medical Command Mobilization Planning System

MEDDAC..... Medical Department Activity
MEDSITREP.... Medical Situation Report
METL..... Mission Essential Task List
MMRP..... Medical Mobilization Readiness Program
MOA..... Memorandum of Agreement
MOBARPRINT... Mobilization Army Program for Individual Training
MOBPOI..... Mobilization Program of Instruction
MOBTDA..... Mobilization Table of Distribution and Allowances
MOU..... Memorandum of Understanding
MRMC..... Medical Research and Materiel Command
MSC..... Major Subordinate Command
MTF..... Medical Treatment Facility
MUSARC..... Major United States Army Reserve Command

-N-

NARMC..... North Atlantic Regional Medical Command
NDMS..... National Disaster Medical System

-O-

OCONUS..... Outside the Continental United States
OPSEC..... Operations Security

-P-

PA..... Public Affairs
PA&E..... Program Analysis and Evaluation
POC..... Point of Contact
PPP..... Power Projection Platform
PRC..... Primary Receiving Center
PROFIS..... Professional Filler System
PSP..... Power Support Platform
PSRC..... Presidential Selected Reserve Call-up

-Q-

-R-

RC..... Reserve Component
RDC..... Regional Dental Command
REG..... Regulation
RMC..... Regional Medical Command
RVC..... Regional Veterinary Command

-S-

SERMC..... South East Regional Medical Command
SECDEF..... Secretary of Defense
SICC..... Service Inventory Control Center
SOP..... Standing Operating Procedures
SRP..... Soldier Readiness Processing
STARC..... State Area Command
SWS..... Social Work Service

-T-

TDA..... Table of Distribution and Allowances
TPMRC..... Theater Patient Movement Requirements Center
TPU..... Troop Program Unit
TSG..... The Surgeon General

-U-

UMR..... Unit Manning Report
US..... United States
USAMMA..... U.S. Army Medical Materiel Agency
USAR..... U.S. Army Reserve
USASAM..... U.S. Army School of Aviation Medicine

USR..... Unit Status Report

-V-

VETCOM..... U.S. Army Veterinary Command

-W-

WARTRACE..... Not an acronym. WARTRACE is a program fully described in AR 11-30, Army WARTRACE Programs. The Army WARTRACE Program aligns Army units under wartime gaining commands and provides units with detailed information concerning their wartime mission.

- X, Y, Z-

ANNEX Y (REFERENCES) TO _____ MOBILIZATION PLAN (____-MP) (U)

1. **REFERENCES.** This annex.

2. **PURPOSE.** This annex provides a listing of references applicable to contingency, mobilization, and deployment.

3. **ASSUMPTIONS.** See paragraph 1d, basic plan.

4. **CONCEPT.** References are listed by annexes.

5. **POLICY.** Not applicable.

6. **RESPONSIBILITIES.** Each staff office is responsible for keeping the references for their applicable annex/appendix current.

7. **PROCEDURES.** References are listed by type:

International Agreements

1. Protocol I, Article 10, Geneva Convention, 1949.

United States Code

2. Code of Federal Regulations (CFR), Title 21, parts 600 to 799 and Title 29, parts 1900 to 1910.

3. Manual for Courts Martial, 1969 (REV).

Public Law

4. PL 97-174, Department of Veterans Affairs and Department of Defense Health Resources Sharing and Emergency Operations Act.

5. Federal Personnel Manual, Chapter 910.

Department of Defense

6. DODD 6000.11/12, Health Services Operations and Readiness/ Patient Movement.

7. DODI 6205.2, Immunization Requirements

8. DODI 6480.4, Armed Services Blood Program (ASBP) Operational Procedures.

9. DODD 6490.2, Joint Medical Surveillance

10. DODI 6490.3, Implementation and Application of Joint Medical Surveillance for Deployments.

Department of Veterans Affairs

11. VHA Directive 10-95-007, Department of Veterans Affairs/ Department of Defense (VA/DOD) Contingency Planning and Planning in Support of Federal Response Plan (FRP).

Joint Chiefs of Staff

12. JCS Pub 33, Volume I, Section IV, Military Blood Program.

Army Regulations

13. AR 5-9, Area Support Responsibilities.

14. AR 5-12, Army Management of the Electromagnetic Spectrum.

15. AR 11-30, Army WARTRACE Program.

16. AR 25-1, The Army Information Resource Management Program.

17. AR 25-10, Reduction and Control of Information Transfer in an Emergency.

18. AR 25-30, The Army Publishing and Printing Program.

19. AR 25-55, The Department of the Army Freedom of Information Program.

20. AR 25-400-2, The Modern Army Recordkeeping System (MARKS).

21. AR 40-1, Composition, Mission, and Functions of the Army Medical Department.

22. AR 40-2, Army Medical Treatment Facilities, General Administration, with MEDCOM Suppl 1.

23. AR 40-3, Medical, Dental, and Veterinary Care.

24. AR 40-4, Army Medical Department Facilities/Activities.

25. AR 40-5, Preventive Medicine.

26. AR 40-35, Preventive Dentistry.

27. AR 40-40, Documentation Accompanying Patients Aboard Military Common Carriers.

28. AR 40-61, Medical Logistics Policies and Procedures.

29. AR 40-63, Ophthalmic Services.

30. AR 40-66, Medical Record Administration and Health Care Documentation.

31. AR 40-68, Quality Assurance Administration.

32. AR 40-226, Annual Historical Report, AMEDD Activities.

33. AR 40-350, Patient Regulating to and within the Continental United States.

34. AR 40-501, Standards of Medical Fitness.

35. AR 40-535, Worldwide Aeromedical Evacuation.

36. AR 40-562, Immunizations and Chemoprophylaxis.

37. AR 40-657, Veterinary/Medical Food Inspection and Laboratory Services.

38. AR 40-905, Veterinary Health Services.

39. AR 50-5, Nuclear and Chemical Weapons and Materiel - Nuclear Surety.

40. AR 58-1, Management, Acquisition, and Motor Vehicles.

41. AR 71-32 Force Development and Documentation-Consolidated Policies.

42. AR 135-200, Active Duty for Training, Annual Training, and Active Duty Special Work of Individual Soldiers.

43. AR 135-210, Order To Active Duty As Individuals For Other Than A Presidential Selected Reserve Call-Up, Partial Or Full Mobilization.

44. AR 135-381, Incapacitation of Reserve Component Soldiers.

45. AR 140-1, Mission, Organization, and Training.

46. AR 140-10, Assignments, Attachments, Details, and Transfers.

47. AR 140-145, Individual Mobilization Augmentation Program (IMA).

48. AR 165-1, Chaplain Activities in the U.S. Army.

49. AR 190-5, Motor Vehicle Traffic Supervision.

50. AR 190-8, Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees.

51. AR 190-9, Military Absentee and Deserter Apprehension Program.

52. AR 190-11, Physical Security of Arms, Ammunition, and Explosives, with MEDCOM Suppl 1.

53. AR 190-12, Military Working Dogs.

54. AR 190-13, The Army Physical Security Program, with HSC Supplement.

55. AR 190-14, Carrying of Firearms and Use of Force for Law Enforcement and Security Duties.

56. AR 190-22, Searches, Seizures, and Disposition of Property, with MEDCOM Suppl 1.

57. AR 190-24, Armed Forces Disciplinary Control Boards and Off-installation Liaison and Operations.

58. AR 190-27, Army Participation in National Crime Information Center (NCIC).

59. AR 190-29, Misdemeanors and Uniform Violation Notices Referred to U.S. Magistrates or District Courts.

60. AR 190-30, Military Police Investigations, with MEDCOM Suppl 1.

61. AR 190-40, Serious Incident Report, with MEDCOM Suppl 1.

62. AR 190-45, Law Enforcement Reporting, with MEDCOM Suppl 1.

63. AR 190-47, The Army Corrections System.

64. AR 190-48, Protection of Federal Witnesses on Active Army Installations.

65. AR 190-51, Security of Unclassified Army Property (Sensitive and Nonsensitive).

66. AR 190-53, Interception of Wire and Oral Communications for Law Enforcement Purposes.

67. AR 220-1, Unit Status Reporting.

68. AR 340-21, The Army Privacy Program.

69. AR 350-1, Army Training.

70. AR 350-10, Management of Army Individual Training Requirements and Resources.

71. AR 350-28, Army Exercises.

72. AR 360-5, Public Information.

73. AR 360-61, Community Relations.

74. AR 360-81, Command Information Program.

75. AR 380-5, Department of the Army Information Security Program, with HSC Suppl 1.

76. AR 380-10, Technology Transfer, Disclosure of Information and Contacts With Foreign Representatives.

77. AR 380-19, Information Systems Security.

78. AR 380-19-1, Control of Compromising Emanations.

79. AR 380-40, Policy for Safeguarding and Controlling COMSEC Material.

80. AR 380-53, Information Systems Security Monitoring.

81. AR 380-67, The Department of the Army Personnel Security Program.

82. AR 380-150, Access to and Dissemination of Restricted Data.

83. AR 381-12, Subversion and Espionage Directed Against the U.S. Army.

84. AR 385-10, The Army Safety Program, with HSC Suppl 1.

85. AR 385-40, Accident Reporting and Records.

86. AR 385-55, Prevention of Motor Vehicle Accidents, with MEDCOM Suppl 1.

87. AR 415-15, Army Military Construction Program Development and Execution.

88. AR 500-5, Army Mobilization.

89. AR 500-60, Disaster Relief.

90. AR 525-1, The Department of the Army Command and Control System (DACCS).

91. AR 525-13, Antiterrorism/Force Protection (AT/FP): Security of Personnel, Information, and Critical Resources.

92. AR 530-1, Operations Security (OPSEC), with HSC Suppl 1.

93. AR 570-4, Manpower Management.

94. AR 600-8-1, Army Casualty Operations/Assistance/Insurance.

95. AR 600-8-101, Personnel Processing (In- and Out- and Mobilization Processing).

96. AR 600-8-105, Military Orders.

97. AR 600-8-111, Wartime Replacement Operations.

98. AR 600-20, Army Command Policy.

99. AR 600-110, Identification, Surveillance, and Administration of Personnel Infected with HIV.

100. AR 601-10, Management and Mobilization of Retired Soldiers of the Army.

101. AR 601-142, AMEDD Professional Filler System.

102. AR 604-10, Military Personnel Security Program.

103. AR 608-1, Army Community Service Program.

104. AR 608-10, Child Development Services.

105. AR 608-18, The Army Family Advocacy Program.

106. AR 614-30, Overseas Service.

107. AR 635-10, Processing Personnel for Separation.

108. AR 690-11, Mobilization Planning and Management.

109. AR 700-137, Logistics Civil Augmentation Program (LOGCAP).

110. AR 710-1, Centralized Inventory Management of the Army Supply System.

111. AR 710-2, Supply Policy Below the Wholesale Level.

112. AR 725-50, Requisition, Receipt, and Issue System.

113. AR 735-5, Policies and Procedures for Property Accountability.

114. AR 750-1, Army Materiel Maintenance Policy and Retail Maintenance Operations.

115. AR 755-3, Recovery & Utilization of Precious Metals.

116. AR 870-5, Military History: Responsibilities, Policies, and Procedures.

HQDA

117. AMOPES (See Item 88)

118. HQDA Mobilization Plan.

119. DA Pam 25-1-1, Installation Information Services

120. DA Pam 190-12, Military Working Dog Program.

121. DA Pam 360-3, Army Hometown News Program.

122. SB 8-75-MEDCASE, Army Medical Department Supply Information.

123. Military Occupational Classification UPDATE.

124. HQDA MSG (DAPE-MPE-DR) 271433Z MAR 90, Subject: Preparation of Soldiers for Overseas Movement.

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126. Memo, DASG-HCO-F, Office of The Surgeon General, Subject: Protocol I, Article 10, Geneva Convention, (no date).

127. Memo, DASG-HCO-F, Office of The Surgeon General, Subject: HSC Mobilization Requirements, 12 Aug 91.

JFCOM

128. CINCUSACOM FUNCTIONAL PLAN 2508-98 (INTEGRATED CONUS MEDICAL OPERATIONS PLAN)

FORSCOM

129. FORSCOM Reg 11-30, The Army WARTRACE Program: Program Guidance.

130. FORSCOM Reg 40-3, PROFIS.

131. FORSCOM Reg 500-3-1, FORSCOM Mobilization Plan (FMP).

132. FORSCOM Reg 500-3-3, Reserve Components Unit Commander's Handbook (RCUCH).

TRADOC

133. TMOPS (TRADOC Mobilization Planning System).

National Disaster Medical System

134. National Disaster Medical System Federal Coordinating Center Guide, August 1999.

135. National Disaster Medical System Team Handbook, March, 1999.

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136. MEDCOM Reg 10-1, Organization and Functions Policy.

137. MEDCOM Reg 40-21, Regional Medical Commands and Regional Dental Commands.

138. HSC Reg 40-30, HSC Operating Program, Preventive Medicine Program for MEDCEN/MEDDAC.

139. MEDCOM Reg 190-1, MEDCOM Key and Lock Control and Physical Security Standards.

140. MEDCOM Reg 350-4, Readiness Training Requirements.

141. HSC Reg 500-2, National Disaster Medical System (NDMS).

142. HSC Reg 500-3, VA and DOD Contingency Hospital System Plan.

143. MEDCOM Reg 500-5-3, U.S. Army Medical Command Mobilization Plan.

144. MEDCOM Reg 500-5-5, U.S. Army Medical Command Commanders' and Mobilization Planners' Handbook.

145. HSC Reg 525-3, Emergency Operations Control.

146. HSC Reg 750-1, Maintenance of Medical Equipment.

147. MEDCOM Pam 40-3, Environmental Health Program.

148. HSC Pam 870-1, A Guide for the Additional-Duty HSC Historian.

149. Memo, HQ MEDCOM, (HSLO-PS), (no date), Subject: Regional Patient Transportation.

150. Memorandum of Understanding, MEDCOM, FORSCOM, TRADOC (Medical Maintenance).

151. Memorandum of Understanding, MEDCOM, MEPCOM (Medical Maintenance).

Manuals

152. FM 8-70, Standards for Blood Banks and Transfusion Services.

153. TM 8-227-3, The Technical Manual of the American Association of Blood Banks.

154. TM 8-227-11, Operational Procedures for the Armed Services Blood Program Elements.

155. FM 25-5 Training for Mobilization and War.

156. FM 100-17, Mobilization, Deployment, Redeployment and Demobilization.

157. FM 101-5, Staff Officers Field Manual: Staff Organization and Operations.

158. TB 38-750-2, Maintenance Management Procedures for Medical Equipment.

159. AFM 164-1, Administration of Aeromedical Staging Flights.

Other

160. ADSM 18-HL3-RPB-IBM-UM, AMEDDPAS User's Manual.

161. American National Standards Institute.

162. Joint Commission on Accreditation of Health Care Organizations.

163. National Fire Protection Association (NFPA) Health Care Facilities Handbook.

164. UMT Information Handbook on Mobilization.

165. OCAC 310-130-1, Submission of Telecommunications Service Requests.

Annex Z (Distribution) to _____ Mobilization Plan (U) (____-MP) (U)

1. References. Not applicable.

2. Purpose. To provide a distribution listing for this plan.

3. Assumptions. See paragraph 1d, basic plan.

4. Concept. The Distribution is listed by Headquarters, agencies, and activities.

5. Policy. Not applicable.

6. Responsibilities. Not applicable.

7. Procedures. This handbook will be distributed to each MEDCOM Major Subordinate Command and MEDCOM Installation.

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